

**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 GOLD CENTER DR., SUITE 400  
RANCHO CORDOVA, CA 95670  
(916) 322-4336 FAX (916) 322-1441



November 30, 2016

Mr. Jim Clark, EMS Administrator  
Merced County EMS Agency  
260 East 15<sup>th</sup> Street  
Merced, CA 95341

Dear Mr. Clark:

This letter is in response to Merced County's 2015 EMS Plan Update submission to the EMS Authority on October 27, 2016.

**I. Introduction and Summary:**

The EMS Authority has concluded its review of Merced County's 2015 EMS Plan Update and is approving the plan as submitted.

**II. History and Background:**

Merced County received its last full plan approval for its 2014 plan submission, and its last annual plan update for its 2012 plan submission.

Historically, we have received EMS Plan submissions from Merced County for the following years:

- |        |        |        |
|--------|--------|--------|
| • 1993 | • 2002 | • 2009 |
| • 1995 | • 2004 | • 2010 |
| • 1999 | • 2006 | • 2012 |
| • 2001 | • 2007 | • 2014 |

Health and Safety Code (HSC) § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with HSC § 1797.105(b).

### **III. Analysis of EMS System Components:**

Following are comments related to Merced County's 2015 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations, HSC § 1797.254, and the EMS system components identified in HSC § 1797.103, are indicated below:

Not  
Approved Approved

A. ☒ ☐ System Organization and Management

B. ☒ ☐ Staffing/Training

C. ☒ ☐ Communications

D. ☒ ☐ Response/Transportation

#### 1. Ambulance Zones

- Based on the documentation provided by Merced County, please find enclosed the EMS Authority's determination of the exclusivity of Merced County's EMS Agency's ambulance zones.

E. ☒ ☐ Facilities/Critical Care

F. ☒ ☐ Data Collection/System Evaluation

#### 1. EMS Data - California EMS Information System (CEMSIS)

- Using information submitted by the Local EMS Agency (LEMSA), the EMS Authority shall assess each EMS area or the system's service area to determine the effectiveness of emergency medical services (HSC § 1797.102) as it relates to data collection and evaluation (HSC § 1797.103).

Statewide, there are 21 LEMSAs submitting EMS data. Our records indicate Merced County is not submitting EMS data at

this time. In order for the EMS Authority to meet statutory requirements, please begin submission of EMS data into CEMSIS.

G. ☒ ☐ Public Information and Education

H. ☒ ☐ Disaster Medical Response

1. System Assessment Form

- Standard 8.10 was identified as not meeting EMSA's Minimum Standard. In the next plan submission, please provide an update on the progress for meeting this standard.

**IV. Conclusion:**

Based on the information identified, Merced County's 2015 EMS Plan Update is approved.


Pursuant to HSC § 1797.105(b):

*"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."*

**V. Next Steps:**

Merced County's next annual EMS Plan Update will be due on or before November 30, 2017. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,



Howard Backer, MD, MPH, FACEP  
Director

Enclosure

2015 Merced County EMS Transportation Plan  
Approved

ZONE	EXCLUSIVITY			TYPE		LEVEL										
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance	
Merced County			Competitive Process	X												
Merced County		X														
Merced County (Air Ambulance)	X															



## DEPARTMENT OF PUBLIC HEALTH

### Emergency Medical Services Agency

**Kathleen Grassi, RD, MPH**  
*Director of Public Health  
LEMSA Director*

**Ajinder Singh, MD CPE**  
*EMS Medical Director*

**James Clark, MICP**  
*EMS Administrator, MHOAC*

October 27, 2016

Lisa Galindo  
EMS Systems Plans Coordinator  
California Emergency Medical Services Authority  
10901 Gold Center Drive, Suite 400  
Rancho Cordova, CA 95670

Re: Merced County 2015 EMS Plan Annual Update

Dear Lisa:

Merced County EMS is pleased to provide you with its 2015 EMS Plan Annual Update. Included is our Executive Summary, System Assessment Form, Tables 1 – 11 and Ambulance Zone Summary Forms.

Also included as part of this EMS Plan Annual Update is a copy of the February 2014 Exclusive Operator of Ground Ambulance Service RFP which was awarded to Sierra Medical Services Alliance (Appendix A), the Subcontract between Sierra Medical Services Alliance and Westside Community Healthcare District (Appendix B) and the Boundary Map of Westside Community Healthcare District (Appendix C).

If you have any questions, please contact me any time.

Sincerely,

James Clark  
EMS Administrator

CC: Kathleen Grassi, RD, MPH  
Public Health Department Director/LEMSA Director

Encl. Merced County 2015 EMS Plan Annual Update

# Merced County EMS Agency



## EMS Plan Annual Update 2015

James Clark, EMS Administrator  
Merced County EMS Agency  
260 E. 15th Street  
Merced, CA 95341  
(209) 381-1250  
[jclark@co.merced.ca.us](mailto:jclark@co.merced.ca.us)



## DEPARTMENT OF PUBLIC HEALTH

### Emergency Medical Services Agency

Kathleen Grassi, RD, MPH  
Director of Public Health  
LEMSA Director

Ajinder Singh, MD CPE  
EMS Medical Director

James Clark, MICP  
EMS Administrator, MHOAC

# Merced County EMS Plan Annual Update 2015

## EXECUTIVE SUMMARY

*The delivery of emergency health care requires the participation of numerous independent individuals and organizations, including public safety agencies, ambulance services, physicians, and hospitals. Despite their autonomy, these organizations have high degrees of functional interdependence as they work to provide care, sometimes simultaneously, to individual patients. The emergency medical services system should be coordinated in order to ensure close cooperation, to limit conflict, and to ensure that the interests of the patients are primary in the system. Managing interdependence requires planning, standardization, and mutual adjustment. (From: [EMS System Guidelines, Part I, EMS System Planning Guidelines, June 1993, EMSA #101](#)).*

One of the primary tasks of a Local Emergency Medical Services Agency (LEMSA) in California is the development of an EMS System Plan. [Section 1797.254 of the California Health and Safety Code](#) requires each LEMSAs to submit a 5-Year EMS Plan, and Annual Plan Updates to the [California EMS Authority](#). The purpose of the 5-Year and Annual Plan Update, however, is more than to merely satisfy legal requirements. The Plans should:

- Provide a framework for the planning and implementation of the local EMS system;
- Demonstrate that the local EMS system meets minimum state standards;
- Demonstrate that the local EMS system complies with applicable state laws and regulations;
- Demonstrate that the Local EMS Agency is planning, implementing, and evaluating a system which provides well-managed, patient-oriented emergency health care while coordinating resources with neighboring EMS systems; and
- Be useful to the Local EMS Agency in the development of long and short-range goals and annual work plans.

This EMS Plan Annual Update identifies overall needs and objectives for the Merced County EMS System, in accordance with [California's EMS System Standards and Guidelines](#).

In all, there are 121 Minimum Standards and Recommended Guidelines which Local EMS Agencies must address in their EMS Plans. The Merced County local EMS System meets most of the Minimum Standards and Recommended Guidelines. However, even though the local EMS System may meet a particular Minimum Standard or Recommended Guideline, there may be room for improvement and objectives may therefore be identified and stated.

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Agency Administration:</b>					
1.01 LEMSA Structure		X	N/A		
1.02 LEMSA Mission		X	N/A		
1.03 Public Input		X	N/A		
1.04 Medical Director		X	X		
<b>Planning Activities:</b>					
1.05 System Plan		X	N/A		
1.06 Annual Plan Update		X	N/A		
1.07 Trauma Planning*		X	X		
1.08 ALS Planning*		X	N/A		
1.09 Inventory of Resources		X	N/A		
1.10 Special Populations		X			X
1.11 System Participants		X	X		
<b>Regulatory Activities:</b>					
1.12 Review & Monitoring		X	N/A		
1.13 Coordination		X	N/A		
1.14 Policy & Procedures Manual		X	N/A		
1.15 Compliance w/Policies		X	N/A		
<b>System Finances:</b>					
1.16 Funding Mechanism		X	N/A		
<b>Medical Direction:</b>					
1.17 Medical Direction*		X	N/A		
1.18 QA/QI		X	X		
1.19 Policies, Procedures, Protocols		X	X		

Merced County EMS Agency  
2015 EMS Plan Annual Update

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy		X	N/A		
1.21	Determination of Death		X	N/A		
1.22	Reporting of Abuse		X	N/A	X	
1.23	Interfacility Transfer		X	N/A		
<b>Enhanced Level: Advanced Life Support</b>						
1.24	ALS Systems		X	X		
1.25	On-Line Medical Direction		X	X		
<b>Enhanced Level: Trauma Care System:</b>						
1.26	Trauma System Plan		X	N/A		
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
1.27	Pediatric System Plan		X	N/A		
<b>Enhanced Level: Exclusive Operating Areas:</b>						
1.28	EOA Plan		X	N/A		

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**B. STAFFING/TRAINING**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Local EMS Agency:</b>						
2.01	Assessment of Needs		X	N/A		
2.02	Approval of Training		X	N/A		
2.03	Personnel		X	N/A		
<b>Dispatchers:</b>						
2.04	Dispatch Training		X	X		
<b>First Responders (non-transporting):</b>						
2.05	First Responder Training		X	X		
2.06	Response		X	N/A		
2.07	Medical Control		X	N/A		
<b>Transporting Personnel:</b>						
2.08	EMT-I Training		X	X		
<b>Hospital:</b>						
2.09	CPR Training		X	N/A		
2.10	Advanced Life Support		X	N/A		
<b>Enhanced Level: Advanced Life Support:</b>						
2.11	Accreditation Process		X	N/A		
2.12	Early Defibrillation		X	N/A		
2.13	Base Hospital Personnel		X	N/A		

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**C. COMMUNICATIONS**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Communications Equipment:</b>						
3.01	Communication Plan*		X	X		
3.02	Radios		X	X		
3.03	Interfacility Transfer*		X	N/A		
3.04	Dispatch Center		X	N/A		
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X	N/A		
<b>Public Access:</b>						
3.07	9-1-1 Planning/Coordination		X	X		
3.08	9-1-1 Public Education		X	N/A		
<b>Resource Management:</b>						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**D. RESPONSE/TRANSPORTATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
4.01	Service Area Boundaries*		X	X		
4.02	Monitoring		X	X		
4.03	Classifying Medical Requests		X	N/A		
4.04	Prescheduled Responses		X	N/A		
4.05	Response Time*		X	Not Met	N/A	N/A
4.06	Staffing		X	N/A		
4.07	First Responder Agencies		X	N/A		
4.08	Medical & Rescue Aircraft*		X	N/A		
4.09	Air Dispatch Center		X	N/A		
4.10	Aircraft Availability*		X	N/A		
4.11	Specialty Vehicles*		X	X		
4.12	Disaster Response		X	N/A		
4.13	Intercounty Response*		X	Not Met		X
4.14	Incident Command System		X	N/A		
4.15	MCI Plans		X	N/A		
<b>Enhanced Level: Advanced Life Support:</b>						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X	N/A		
<b>Enhanced Level: Ambulance Regulation:</b>						
4.18	Compliance		X	N/A		
<b>Enhanced Level: Exclusive Operating Permits:</b>						
4.19	Transportation Plan		X	N/A		
4.20	"Grandfathering"		X	N/A		
4.21	Compliance		X	N/A		

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

4.22	Evaluation		X	N/A		
------	------------	--	---	-----	--	--

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**E. FACILITIES/CRITICAL CARE**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
5.01	Assessment of Capabilities		X	X		
5.02	Triage & Transfer Protocols*		X	N/A		
5.03	Transfer Guidelines*		X	N/A		
5.04	Specialty Care Facilities*		X	N/A		
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		X	N/A		
<b>Enhanced Level: Advanced Life Support:</b>						
5.07	Base Hospital Designation*		X	N/A		
<b>Enhanced Level: Trauma Care System:</b>						
5.08	Trauma System Design		X	N/A		
5.09	Public Input		X	N/A		
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
5.10	Pediatric System Design		X	N/A		
5.11	Emergency Departments		X	X		
5.12	Public Input		X	N/A		
<b>Enhanced Level: Other Specialty Care Systems:</b>						
5.13	Specialty System Design		X	N/A		
5.14	Public Input		X	N/A		

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**F. DATA COLLECTION/SYSTEM EVALUATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
6.01	QA/QI Program		X	X		
6.02	Prehospital Records		X	N/A		
6.03	Prehospital Care Audits		X	Not Met		X
6.04	Medical Dispatch		X	N/A		
6.05	Data Management System*		X	X		
6.06	System Design Evaluation		X	N/A		
6.07	Provider Participation		X	N/A		
6.08	Reporting		X	N/A		
<b>Enhanced Level: Advanced Life Support:</b>						
6.09	ALS Audit		X	X		
<b>Enhanced Level: Trauma Care System:</b>						
6.10	Trauma System Evaluation		X	N/A		
6.11	Trauma Center Data		X	X		

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**G. PUBLIC INFORMATION AND EDUCATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
7.01	Public Information Materials		X	X		
7.02	Injury Control		X	X		
7.03	Disaster Preparedness		X	X		
7.04	First Aid & CPR Training		X	X		

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**H. DISASTER MEDICAL RESPONSE**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
8.01	Disaster Medical Planning*		X	N/A		
8.02	Response Plans		X	X		
8.03	HazMat Training		X	N/A		
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties*		X	Not Met		X
8.06	Needs Assessment		X	X		
8.07	Disaster Communications*		X	N/A		
8.08	Inventory of Resources		X	Not Met		X
8.09	DMAT Teams		X	X		
8.10	Mutual Aid Agreements*	X		N/A		X
8.11	CCP Designation*		X	N/A		
8.12	Establishment of CCPs		X	N/A		
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X	N/A		
8.16	Prehospital Agency Plans		X	X		
<b>Enhanced Level: Advanced Life Support:</b>						
8.17	ALS Policies		X	N/A		
<b>Enhanced Level: Specialty Care Systems:</b>						
8.18	Specialty Center Roles		X	N/A		
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:</b>						
8.19	Waiving Exclusivity		X	N/A		

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 1.01 LEMSA STRUCTURE

---

##### MINIMUM STANDARDS:

Each local EMS agency shall have a formal organization structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY INCLUDED A DETAILED ORGANIZATIONAL CHART IN TABLE 2 OF THIS PLAN.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 1.02 LEMSA MISSION

---

##### MINIMUM STANDARDS:

Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement (QA/QI) and evaluation processes to identify system changes.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY, DURING 2015, COMPLETED ITS EMS CONTINUOUS QUALITY IMPROVEMENT PLAN WHICH WAS EMSA-APPROVED DECEMBER 8, 2015. THE PLAN IS USED AS A GUIDE TO MEANS TO IDENTIFY NEEDED SYSTEM CHANGES OR ADJUSTMENT IN OPERATIONS.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 1.03 PUBLIC INPUT

---

##### MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism (including EMCCs and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedures, as described in the State EMS Authority's EMS Systems Standards and Guidelines.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS CONVENES THE EMERGENCY MEDICAL CARE COMMITTEE FOUR (4) TIMES EACH YEAR; THE FIRST WEDNESDAY OF JANUARY, APRIL, JULY AND OCTOBER. CONSUMER AND STAKEHOLDER PLANS, POLICIES AND PROCEDURES ARE INCLUDED ON THE AGENDA AT EACH MEETING.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 1.04 MEDICAL DIRECTOR

---

##### MINIMUM STANDARDS:

Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

##### RECOMMENDED GUIDELINES:

The local EMS agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and pre-hospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

**CURRENT STATUS:** MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

**NEED(S):** NONE.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** OBJECTIVE MET. MERCED COUNTY EMS AGENCY HAS APPOINTED AJINDER SINGH, MD AS IT CONTRACTED EMS MEDICAL DIRECTOR. DR. SINGH HAS BEEN WITH THE AGENCY SINCE OCTOBER 2014. DR. SINGH PARTICIPATES AT EMDAC, MERCED COUNTY TRAUMA AUDIT COMMITTEE AND EMS CQI COMMITTEE MEETINGS.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 1.05 SYSTEM PLAN

---

##### MINIMUM STANDARDS:

Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority.

The plan shall:

- assess how the current system meets these guidelines,
- identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
- provide a methodology and time-line for meeting these needs.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

**TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY HAS SUBMITTED ITS 5-YEAR EMS PLAN TO THE EMS AUTHORITY IN 2014. EMSA APPROVED THE PLAN AS SUBMITTED OCTOBER 28, 2014.**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **STAFFING/TRAINING**

#### **1.06 ANNUAL PLAN UPDATE**

---

##### **MINIMUM STANDARDS:**

Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

##### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

**NEED(S):** NONE

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** OBJECTIVE MET. MERCED COUNTY EMS IS COMMITTED TO SUBMITTING ANNUAL EMS PLAN UPDATES TO EMSA EACH YEAR.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **STAFFING/TRAINING**

#### **1.07 TRAUMA PLANNING**

---

##### **MINIMUM STANDARDS:**

The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

##### **RECOMMENDED GUIDELINES:**

The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

**CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE**

**NEED(S): NONE**

**OBJECTIVE: N/A**

**TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY HAS AN APPROVED TRAUMA SYSTEM AND TRAUMA SYSTEM PLAN. THE ANNUAL TRAUMA PLAN UPDATE HAS BEEN SUBMITTED TO EMSA AND WAS APPROVED SEPTEMBER 14, 2016.**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 1.08 ALS PLANNING

---

##### MINIMUM STANDARDS:

Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY IS A 100% ALS TRANSPORT PROVIDER COUNTY.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 1.09 INVENTORY OF RESOURCES

---

##### MINIMUM STANDARDS:

Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY MAINTAINS AN INVENTORY OF ALL COUNTY-OWNED EMS VEHICLES, RESOURCES SUCH AS DISASTER SUPPLY CACHES, AND AMBULANCE STATION AND POSTING LOCATIONS.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **STAFFING/TRAINING**

#### **1.10 SPECIAL POPULATIONS**

---

##### **MINIMUM STANDARDS:**

Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

##### **RECOMMENDED GUIDELINES:**

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

**CURRENT STATUS:** MINIMUM STANDARD MET, RECOMMENDED GUIDELINE NOT MET

**NEED(S):** IDENTIFY MERCED COUNTY'S SPECIAL POPULATION GROUPS

**OBJECTIVE:** DEVELOP SERVICES FOR SPECIAL POPULATIONS IN MERCED COUNTY. CONTINUE TO OBSERVE THE DEVELOPMENT OF THE COMMUNITY PARAMEDICINE PROGRAM. DURING 2015, MERCED COUNTY EMS AGENCY AS OPENED COMMUNICATIONS BETWEEN ITS COUNTY OFFICE OF EMERGENCY SERVICES AND HEALTH AND HUMAN SERVICES AGENCY TO IDENTIFY THE POPULATIONS WHICH REQUIRE SPECIALIZED EMS SERVICES. THE MERCED COUNTY EMS GROUND AMBULANCE TRANSPORT PROVIDER, SEMSA, HAS ACQUIRED BARIATRIC GURNEYS THAT ARE AVAILABLE ON A REGIONAL BASIS THAT GO BEYOND MERCED COUNTY BOUNDARIES.

**TIME FRAME FOR MEETING OBJECTIVE:** LONG RANGE PLAN

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 1.11 SYSTEM PARTICIPANTS

---

##### MINIMUM STANDARDS:

Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

##### RECOMMENDED GUIDELINES:

Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

**NEED(S):** NONE

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** OBJECTIVE MET. MERCED COUNTY EMS AGENCY HAS EMSA-APPROVED GROUND AMBULANCE EXCLUSIVE OPERATING AREA THAT WENT INTO EFFECT JANUARY 1, 2015. A NEW AIR AMBULANCE SERVICE PROVIDER AGREEMENT WAS NEGOTIATED DURING 2015/2016 AND IS IN EFFECT AS OF OCTOBER 1, 2016. EMS PARTICIPANTS STAY ABREAST OF THEIR ROLES BY PARTICIPATING IN EMS SANCTIONED EVENTS SUCH AS THE STATEWIDE MEDICAL/HEALTH DISASTER EXERCISE AND LOCAL UNIFIED RESPONSE TO VIOLENT EXERCISES. THE STATEWIDE EXERCISE IS CONDUCTED IN NOVEMBER EACH YEAR AND TWO (2) FULLY FUNCTIONAL LOCAL UNIFIED RESPONSE TO VIOLENT EXERCISES WAS CONDUCTED IN MAY 2016.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 1.12 REVIEW AND MONITORING

---

##### MINIMUM STANDARDS:

Each local EMS agency shall provide for review and monitoring of EMS system operations.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY HAS HIRED THE LAW FIRM OF PAGE, WOLFBERG AND WIRTH OF PHILADELPHIA, PA TO PROVIDE A COMPREHENSIVE REPORT ON THE STATUS OF THE COUNTY'S EMS SYSTEM THAT WENT INTO EFFECT JANUARY 1, 2015. THE PURPOSE OF THIS STUDY IS TO PROVIDE THE AGENCY WITH THIRD-PARTY INSIGHT OF THE FINANCIAL SUSTAINABILITY OF THE SYSTEM AND APPROPRIATE USE OF EMS RESOURCES. THE REPORT IS EXPECTED TO BE CONCLUDED IN DECEMBER 2016.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 1.13 COORDINATION

---

**MINIMUM STANDARDS:**

Each local EMS agency shall coordinate EMS system operations.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

**NEED(S):** NONE

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** OBJECTIVE MET. MERCED COUNTY EMS AGENCY IS THE LEAD ORGANIZATION FOR ALL EMS-RELATED ACTIVITIES AND OPERATIONS IN MERCED COUNTY.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **STAFFING/TRAINING**

#### **1.14 POLICY & PROCEDURES MANUAL**

---

##### **MINIMUM STANDARDS:**

Each local EMS agency shall develop a policy and procedures manual that includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

##### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

**NEED(S):** NONE

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** OBJECTIVE MET. MERCED COUNTY EMS AGENCY MAINTAINS ITS POLICY & PROCEDURE MANUAL ON ITS WEB SITE : [HTTP://WWW.CO.MERCED.CA.US/INDEX.ASPX?NID=593](http://www.co.merced.ca.us/index.aspx?nid=593)

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 1.15 COMPLIANCE WITH POLICIES

---

##### MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY'S MECHANISMS TO REVIEW, MONITOR AND ENFORCE COMPLIANCE WITH SYSTEM POLICIES IS ITS EMS CONTINUOUS QUALITY IMPROVEMENT PROGRAM AND ONLINE REPORTING TOOL WHICH CAN BE ACCESSED ON ITS WEB SITE:  
[HTTP://WWW.CO.MERCED.CA.US/FORMS.ASPX?FID=41](http://www.co.merced.ca.us/forms.aspx?fid=41)

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 1.16 FUNDING MECHANISM

---

##### MINIMUM STANDARDS:

Each local EMS agency shall have a funding mechanism, which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS UTILIZES COUNTY GENERAL FUNDS, MADDY FUNDS, PROVIDER FINES AND PENALTY FUNDS AND OTHER EMS REVENUES SUCH AS EMT CERTIFICATION FEES TO FUND ITS CONTINUED OPERATION.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 1.17 MEDICAL DIRECTION

---

##### MINIMUM STANDARDS:

Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of pre-hospital and hospital providers.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY CONTRACTS WITH MERCY MEDICAL CENTER, MERCED TO PROVIDE BASE HOSPITAL DUTIES ON A 24/7 BASIS. THE CONTRACT IDENTIFIES THEIR ROLE OF THE BASE HOSPITAL, RESPONSIBILITIES AND RELATIONSHIPS OF PRE-HOSPITAL AND HOSPITAL PROVIDERS. THE 5-YEAR AND ANNUAL EMS PLAN UPDATES ALSO IDENTIFY THESE ROLES ON A SYSTEM-WIDE BASIS.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 1.18 QA/QI

---

##### MINIMUM STANDARDS:

Each local EMS agency shall establish a quality assurance/quality improvement (QA/QI) program. This may include use of provider-based programs which are approved by the local EMS agency and which are coordinated with other system participants.

##### RECOMMENDED GUIDELINES:

Pre-hospital care providers should be encouraged to establish in-house procedures, which identify methods of improving the quality of care provided.

**CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE**

**NEED(S): NONE**

**OBJECTIVE: N/A**

**TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY HAS ESTABLISHED AN EMS CQI PROGRAM THAT IS CONTAINED IN ITS EMS CQI PLAN THAT WAS SUBMITTED AND EMSA APPROVED DECEMBER 8, 2015.**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 1.19 POLICIES, PROCEDURES, PROTOCOLS

---

##### MINIMUM STANDARDS:

Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to:

- triage,
- treatment,
- medical dispatch protocols,
- transport,
- on-scene treatment times,
- transfer of emergency patients,
- standing orders,
- base hospital contact,
- on-scene physicians and other medical personnel, and
- local scope of practice for pre-hospital personnel.

##### RECOMMENDED GUIDELINES:

Each local EMS agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY MAINTAINS ITS POLICY & PROCEDURE MANUAL ON ITS WEB SITE : [HTTP://WWW.CO.MERCED.CA.US/INDEX.ASPX?NID=593](http://www.co.merced.ca.us/index.aspx?nid=593)

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 1.20 DNR POLICY

---

##### MINIMUM STANDARDS:

Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the pre-hospital setting, in accordance with the EMS Authority's DNR guidelines.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MINIMUM STANDARD MET

NEED(S): NONE.

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS MAINTAINS A POLICY ON ADVANCED DIRECTIVES ON ITS WEB SITE: [HTTP://WWW.CO.MERCED.CA.US/DOCUMENTCENTER/HOME/VIEW/4960](http://www.co.merced.ca.us/documentcenter/home/view/4960)

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 1.21 DETERMINATION OF DEATH

---

##### MINIMUM STANDARDS:

Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. A DETERMINATION OF DEATH POLICY HAS BEEN DEVELOPED AND IMPLEMENTED SYSTEM-WIDE. THE POLICY IS MAINTAINED ON THE AGENCY WEB SITE:  
[HTTP://WWW.CO.MERCED.CA.US/DOCUMENTCENTER/HOME/VIEW/4959](http://www.co.merced.ca.us/documentcenter/home/view/4959)

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 1.22 REPORTING OF ABUSE

---

##### MINIMUM STANDARDS:

Each local EMS agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): A POLICY THAT SPECIFICALLY ADDRESSES THE PROCESS TO REPORT SUSPECTED CASES OF CHILD AND ELDER ABUSE AND SIDS DEATH CASES.

OBJECTIVE: DEVELOP A POLICY THAT SPECIFICALLY ADDRESSES THE PROCESS TO REPORT SUSPECTED CASES OF CHILD AND ELDER ABUSE AND SIDS DEATH CASES NO LATER THAN SEPTEMBER 30, 2017.

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY MAINTAINS AN ONLINE INCIDENT REPORTING TOOL ON ITS WEB SITE THAT PROVIDES INSTRUCTIONS ON HOW TO REPORT CHILD, ELDER ABUSE AND SUSPECTED CASES OF SIDS DEATHS: [HTTP://WWW.CO.MERCED.CA.US/FORMS.ASPX?FID=41](http://www.co.merced.ca.us/forms.aspx?fid=41)

Short-Range Plan (one year or less) XXX

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 1.23 INTERFACILITY TRANSFER

---

##### MINIMUM STANDARDS:

The local EMS medical director shall establish policies and protocols for scope of practice of pre-hospital medical personnel during interfacility transfers.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY MAINTAINS AN INTERFACILITY TRANSFER POLICY THAT DESCRIBES THE SCOPE OF PRACTICE FOR PRE-HOSPITAL MEDICAL PERSONNEL ON ITS WEB SITE: [HTTP://WWW.CO.MERCED.CA.US/DOCUMENTCENTER/HOME/VIEW/4956](http://www.co.merced.ca.us/documentcenter/home/view/4956)

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 1.24 ALS SYSTEMS

---

##### MINIMUM STANDARDS:

Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

##### RECOMMENDED GUIDELINES:

Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

**CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE**

**NEED(S): NONE**

**OBJECTIVE: N/A**

**TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY HAS WRITTEN AGREEMENTS WITH ITS TWO (2) ALS PROVIDERS, SIERRA MEDICAL SERVICES ALLIANCE AND AIR METHODS CORP. THE AGREEMENTS WILL BE MADE AVAILABLE UPON REQUEST.**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **STAFFING/TRAINING**

#### **1.25 ON-LINE MEDICAL DIRECTION**

---

##### **MINIMUM STANDARDS:**

Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

##### **RECOMMENDED GUIDELINES:**

Each EMS system should develop a medical control plan that determines:

- the base hospital configuration for the system,
- the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and
- the process for determining the need for in-house medical direction for provider agencies.

**CURRENT STATUS:** MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

**NEED(S):** NONE

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** OBJECTIVE MET. MERCED COUNTY EMS AGENCY MAINTAINS TWO (2) SEPARATE POLICIES FOR ON-LINE MEDICAL DIRECTION.

**POLICY #301 DESCRIBES BASE CONTACT** [HTTP://WWW.CO.MERCED.CA.US/DOCUMENTCENTER/HOME/VIEW/4939](http://www.co.merced.ca.us/documentcenter/home/view/4939)

**POLICY 3501 DESCRIBES BASE HOSPITAL CRITERIA** [HTTP://WWW.CO.MERCED.CA.US/DOCUMENTCENTER/HOME/VIEW/4950](http://www.co.merced.ca.us/documentcenter/home/view/4950)

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 1.26 TRAUMA SYSTEM PLAN

---

##### MINIMUM STANDARDS:

The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for trauma care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY HAS AN EMSA-APPROVED TRAUMA SYSTEM PLAN. THE CURRENT ANNUAL UPDATE TO THE TRAUMA SYSTEM PLAN HAS BEEN APPROVED BY EMSA SEPTEMBER 14, 2016.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 1.27 PEDIATRIC SYSTEM PLAN

---

##### MINIMUM STANDARDS:

The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for pediatric emergency medical and critical care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY INCLUDES VALLEY CHILDREN'S HOSPITAL, MADERA, CA AS A DIRECT RECEIVING FACILITY FOR PEDIATRIC EMERGENCY MEDICAL AND TRAUMA CASES. POLICY #512.25 DESCRIBES TRAUMA AND BURN PATIENT DESTINATION CRITERIA FOR BOTH ADULT AND PEDIATRIC PATIENTS: [HTTP://WWW.CO.MERCED.CA.US/DOCUMENTCENTER/HOME/VIEW/4954](http://www.co.merced.ca.us/documentcenter/home/view/4954)

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 1.28 EOA PLAN

---

##### MINIMUM STANDARDS:

The local EMS agency shall develop and submit for State approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas, that determines: a) the optimal system design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. UTILIZING THE COMPETITIVE RFP PROCESS, MERCED COUNTY EMS AGENCY HAS ESTABLISHED THE COUNTY IN ITS ENTIRETY AS AN EXCLUSIVE OPERATING AREA (EOA) FOR GROUND AMBULANCE THAT BECAME EFFECTIVE JANUARY 1, 2015. THE AGENCY ESTABLISHED THE EOA USING EMSA GUIDELINE #141, COMPETITIVE PROCESS FOR CREATING EXCLUSIVE OPERATING AREAS.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 2.01 ASSESSMENT OF NEEDS

---

##### MINIMUM STANDARDS:

The local EMS agency shall routinely assess personnel and training needs.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY ASSESSES PERSONNEL AND TRAINING NEEDS BY DEVELOPING AFTER ACTION REPORTS (AAR) FOLLOWING ACTUAL EMERGENCY OR EXERCISE EVENTS.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **STAFFING/TRAINING**

#### **2.02 APPROVAL OF TRAINING**

---

##### **MINIMUM STANDARDS:**

The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs that require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

##### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

**NEED(S):** NONE

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** OBJECTIVE MET. MERCED COUNTY EMS AGENCY MAINTAINS A POLICY ON ITS WEB SITE DESCRIBING THE APPROVAL PROCESS FOR EMT AND PARAMEDIC TRAINING PROGRAMS.

**POLICY #251 DESCRIBES THE APPROVAL PROCESS FOR EMT TRAINING PROGRAMS:**

[HTTP://WWW.CO.MERCED.CA.US/DOCUMENTCENTER/HOME/VIEW/4937](http://www.co.merced.ca.us/documentcenter/home/view/4937)

**POLICY #253 DESCRIBES THE APPROVAL PROCESS FOR PARAMEDIC TRAINING PROGRAMS:**

[HTTP://WWW.CO.MERCED.CA.US/DOCUMENTCENTER/HOME/VIEW/5091](http://www.co.merced.ca.us/documentcenter/home/view/5091)

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 2.03 PERSONNEL

---

##### MINIMUM STANDARDS:

The local EMS agency shall have mechanisms to accredit, authorize, and certify pre-hospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for pre-hospital providers to identify and notify the local EMS agency of unusual occurrences that could impact EMS personnel certification.

##### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: MEETS MINIMUM STANDARD**

**NEED(S): NONE**

**OBJECTIVE: N/A**

**TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY MAINTAINS POLICY ON ITS WEB SITE THAT DESCRIBES THE PROCESS FOR EMT CERTIFICATION AND PARAMEDIC ACCREDITATION.**

**POLICY #220 DESCRIBES EMT CERTIFICATION: [HTTP://WWW.CO.MERCED.CA.US/DOCUMENTCENTER/HOME/VIEW/4929](http://www.co.merced.ca.us/documentcenter/home/view/4929)**

**POLICY #221 DESCRIBES EMT RECERTIFICATION: [HTTP://WWW.CO.MERCED.CA.US/DOCUMENTCENTER/HOME/VIEW/4930](http://www.co.merced.ca.us/documentcenter/home/view/4930)**

**POLICY #233 DESCRIBES PARAMEDIC ACCREDITATION: [HTTP://WWW.CO.MERCED.CA.US/DOCUMENTCENTER/HOME/VIEW/4932](http://www.co.merced.ca.us/documentcenter/home/view/4932)**

**POLICY #240 DESCRIBES MICN AUTHORIZATION: [HTTP://WWW.CO.MERCED.CA.US/DOCUMENTCENTER/HOME/VIEW/4934](http://www.co.merced.ca.us/documentcenter/home/view/4934)**

**POLICY #241 DESCRIBES MICN RE-AUTHORIZATION: [HTTP://WWW.CO.MERCED.CA.US/DOCUMENTCENTER/HOME/VIEW/4935](http://www.co.merced.ca.us/documentcenter/home/view/4935)**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 2.04 DISPATCH TRAINING

---

##### MINIMUM STANDARDS:

Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

##### RECOMMENDED GUIDELINES:

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY MAINTAINS EMERGENCY MEDICAL DISPATCH AUTHORIZATION POLICY# 201 WHICH DESCRIBES REQUIRED TRAINING AND TESTING:  
[HTTP://WWW.CO.MERCED.CA.US/DOCUMENTCENTER/HOME/VIEW/4926](http://www.co.merced.ca.us/documentcenter/home/view/4926)

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 2.05 FIRST RESPONDER TRAINING

---

##### MINIMUM STANDARDS:

At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

##### RECOMMENDED GUIDELINES:

At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT level and have available equipment commensurate with such scope of practice.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. ALL FIRST RESPONDER PERSONNEL ARE REQUIRED BY THEIR RESPECTIVE EMPLOYER AGENCY TO HAVE BEEN TRAINED IN FIRST AID AND CPR INCLUDING THE USE OF AUTOMATED EXTERNAL DEFIBRILLATORS.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 2.06 RESPONSE

---

##### MINIMUM STANDARDS:

Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY'S EMS SYSTEM UTILIZES A TIERED RESPONSE TO MEDICAL EMERGENCIES THAT INCLUDE BLS FIRE RESPONSE BACKED UP BY ALS TRANSPORT RESPONSES BOTH BY AIR AND GROUND.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 2.07 MEDICAL CONTROL

---

##### MINIMUM STANDARDS:

Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY REQUIRES ALL FIRST RESPONDER PERSONNEL TO PERFORM EMERGENCY MEDICAL CARE WITHIN THE SCOPE OF THEIR RESPECTIVE CERTIFICATIONS OR LICENSE/ACCREDITATION.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 2.08 EMT-I TRAINING

---

##### MINIMUM STANDARDS:

All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

##### RECOMMENDED GUIDELINES:

If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. ALL EMERGENCY MEDICAL TRANSPORT PERSONNEL ARE CURRENTLY CERTIFIED AT LEAST AT THE EMT LEVEL. ALS GROUND AMBULANCE TRANSPORT VEHICLES ARE STAFFED WITH ONE EMT AND ONE PARAMEDIC.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 2.09 CPR TRAINING

---

##### MINIMUM STANDARDS:

All allied health personnel who provide direct emergency patient care shall be trained in CPR.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. ALL MERCED COUNTY EMPLOYER AGENCIES THAT PERFORM EMERGENCY MEDICAL CARE REQUIRE THE FIRST RESPONDER PERSONNEL TO BE TRAINED IN CPR AND THE USE OF AED.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **STAFFING/TRAINING**

#### **2.10 ADVANCED LIFE SUPPORT**

---

##### **MINIMUM STANDARDS:**

All emergency department physicians and registered nurses that provide direct emergency patient care shall be trained in advanced life support.

##### **RECOMMENDED GUIDELINES:**

All emergency department physicians should be certified by the American Board of Emergency Medicine.

**CURRENT STATUS:** MEETS MINIMUM STANDARD UNKNOWN IF RECOMMENDED GUIDELINE IS MET

**NEED(S):** SURVEY BOTH LOCAL HOSPITALS TO ASCERTAIN THE BOARD CERTIFICATION STATUS OF THEIR EMERGENCY DEPARTMENT PHYSICIANS

**OBJECTIVE:** TO ENCOURAGE EMERGENCY DEPARTMENT PHYSICIANS TO BE AMERICAN BOARD OF EMERGENCY MEDICINE CERTIFIED

**TIME FRAME FOR MEETING OBJECTIVE:** LONG-RANGE PLAN

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 2.11 ACCREDITATION PROCESS

---

##### MINIMUM STANDARDS:

The local EMS agency shall establish a procedure for accreditation of advanced life support personnel that includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY MAINTAINS POLICY ON ITS WEB SITE THAT DESCRIBES THE PROCESS FOR PARAMEDIC (ALS) ACCREDITATION.

POLICY #233 DESCRIBES PARAMEDIC ACCREDITATION: [HTTP://WWW.CO.MERCED.CA.US/DOCUMENTCENTER/HOME/VIEW/4932](http://www.co.merced.ca.us/documentcenter/home/view/4932)

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 2.12 EARLY DEFIBRILLATION

---

##### MINIMUM STANDARDS:

The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY MAINTAINS POLICY #215, PUBLIC SAFETY AED PROVIDER ON ITS WEB SITE: [HTTP://WWW.CO.MERCED.CA.US/DOCUMENTCENTER/HOME/VIEW/4927](http://www.co.merced.ca.us/documentcenter/home/view/4927)

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 2.13 BASE HOSPITAL PERSONNEL

---

##### MINIMUM STANDARDS:

All base hospital/alternative base station personnel who provide medical direction to pre-hospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY UTILIZES MICN PERSONNEL TO PROVIDE MEDICAL DIRECTION TO ALS AND BLS FIRST RESPONDERS. POLICY #240, MICN AUTHORIZATION DESCRIBES THE REQUIRED KNOWLEDGE, LICENSURE AND TRAINING: [HTTP://WWW.CO.MERCED.CA.US/DOCUMENTCENTER/HOME/VIEW/4934](http://www.co.merced.ca.us/documentcenter/home/view/4934)

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.01 COMMUNICATIONS PLAN

---

#### MINIMUM STANDARDS:

The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

#### RECOMMENDED GUIDELINES:

The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

**CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE**

**NEED(S): NONE**

**OBJECTIVE: N/A**

**TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY, WITH THE PHEP PROGRAM, UPDATED ITS COMMUNICATIONS PLAN IN MID 2016. MED-NET 8 AND 9 ARE THE PRIMARY COMMUNICATION CHANNELS. CELLULAR PHONES ARE ROUTINELY USED TO COMMUNICATIONS BETWEEN TRANSPORT PERSONNEL AND THE BASE OR RECEIVING FACILITY.**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### COMMUNICATIONS

#### 3.02 RADIOS

---

##### MINIMUM STANDARDS:

Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

##### RECOMMENDED GUIDELINES:

Emergency medical transport vehicles should have two-way radio communications equipment that complies with the local EMS communications plan and that provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

**CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE**

**NEED(S): NONE**

**OBJECTIVE: N/A**

**TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. ALL MERCED COUNTY AUTHORIZED AIR AND GROUND AMBULANCE SERVICE PROVIDERS ARE EQUIPPED WITH TWO-WAY RADIOS TO PROVIDE COMMUNICATIONS BETWEEN THE TRANSPORT VEHICLES AND THE BASE AND RECEIVING FACILITY. THERE ARE AT LEAST ONE FIXED MOBILE AND ONE HAND-HELD PORTABLE RADIO ASSIGNED TO EACH TRANSPORT CAPABLE AMBULANCE AND ALS SUPERVISOR RESPONSE VEHICLES.**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **COMMUNICATIONS**

#### **3.03 INTERFACILITY TRANSFER**

##### **MINIMUM STANDARDS:**

Emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

##### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

**NEED(S):** NONE

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** OBJECTIVE MET. INTERFACILITY TRANSPORT VEHICLES HAVE ALL BEEN EQUIPPED WITH TWO-WAY RADIOS THAT ARE CAPABLE OF COMMUNICATIONS BETWEEN THE TRANSPORT VEHICLE AND THE SENDING AND RECEIVING FACILITY. CELLULAR PHONES ARE ROUTINELY USED FOR THIS PURPOSE.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### COMMUNICATIONS

#### 3.04 DISPATCH CENTER

---

##### MINIMUM STANDARDS:

All emergency medical transport vehicles where physically possible, (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. ALL AIR AND GROUND MEDICAL TRANSPORT VEHICLES IN MERCED COUNTY HAVE THE APPROPRIATE RADIO AND CELLULAR PHONE CAPABILITY TO COMMUNICATE WITH THE EMS DISPATCH CENTER AND OTHER RESPONDERS INCLUDING LAW ENFORCEMENT AND FIRE SERVICE PERSONNEL.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### COMMUNICATIONS

#### 3.05 HOSPITALS

---

##### MINIMUM STANDARDS:

All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

##### RECOMMENDED GUIDELINES:

All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY HAS TWO (2) LOCAL HOSPITALS LOCATED APPROXIMATELY 40 MILES FROM EACH OTHER. THE HOSPITALS DO HAVE THE CAPABILITY TO COMMUNICATE BY RADIO WITH EACH OTHER. THIS IS ROUTINELY PERFORMED ON A DAILY BASIS.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### COMMUNICATIONS

#### 3.06 MCI/DISASTERS

---

##### MINIMUM STANDARDS:

The local EMS agency shall review communications linkages among providers (pre-hospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY, WITH THE PHEP PROGRAM, UPDATED ITS COMMUNICATIONS PLAN IN MID 2016. MED-NET 8 AND 9 ARE THE PRIMARY COMMUNICATION CHANNELS. CELLULAR PHONES ARE ROUTINELY USED TO COMMUNICATIONS BETWEEN TRANSPORT PERSONNEL AND THE BASE OR RECEIVING FACILITY. COMMUNICATIONS LINKAGES ARE USED DAILY AND ARE FULLY FUNCTIONAL.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### COMMUNICATIONS

#### 3.07 9-1-1 PLANNING/COORDINATION

---

##### MINIMUM STANDARDS:

The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

##### RECOMMENDED GUIDELINES:

The local EMS agency should promote the development of enhanced 9-1-1 systems.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. ENHANCED 9-1-1 SERVICES HAVE BEEN DISCUSSED. MERCED COUNTY EMS AGENCY ATTENDED THE ONE MEETING THAT BEEN HELD IN MERCED COUNTY.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### COMMUNICATIONS

#### 3.08 9-1-1 PUBLIC EDUCATION

---

##### MINIMUM STANDARDS:

The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY ENCOURAGES ITS STAKEHOLDER SYSTEM PARTICIPANTS TO EDUCATE THE PUBLIC ON APPROPRIATE USE OF THE 9-1-1 SYSTEM WHEN POSSIBLE.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### COMMUNICATIONS

#### 3.09 DISPATCH TRIAGE

---

##### MINIMUM STANDARDS:

The local EMS agency shall establish guidelines for proper dispatch triage that identifies appropriate medical response.

##### RECOMMENDED GUIDELINES:

The local EMS agency should establish an emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

**CURRENT STATUS:** MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

**NEED(S):** NONE

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** OBJECTIVE MET. MERCED COUNTY EMS DISPATCH CENTER UTILIZES THE LATEST VERSION OF DISPATCH CARDS. THE EMS MEDICAL DIRECTOR HAS REVIEWED THE CARDS AND HAS APPROVED ALL RESPONSES AND TRIAGE RECOMMENDATIONS.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### COMMUNICATIONS

#### 3.10 INTEGRATED DISPATCH

---

##### MINIMUM STANDARDS:

The local EMS system shall have a functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.

##### RECOMMENDED GUIDELINES:

The local EMS agency should develop a mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand.

**CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE**

**NEED(S): NONE**

**OBJECTIVE: N/A**

**TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY HAS CONTRACTED WITH THE LAW FIRM OF PAGE, WOLFBERG AND WIRTH TO ANALYZE THE ENTIRE EMS SYSTEM. SYSTEM-WIDE AMBULANCE COVERAGE WILL BE REVIEWED AS PART OF THE FINAL REPORT BACK TO THE AGENCY.**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.01 SERVICE AREA BOUNDARIES

---

##### MINIMUM STANDARDS:

The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

##### RECOMMENDED GUIDELINES:

The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

**CURRENT STATUS:** MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

**NEED(S):** NONE

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** OBJECTIVE MET. USING THE COMPETITIVE RFP BID PROCESS, THE MERCED COUNTY EMS AGENCY ESTABLISHED ITS EXCLUSIVE OPERATING AREA – GROUND AMBULANCE WHICH INCORPORATES ALL CITIES AND TOWNSHIPS OF MERCED COUNTY AS WELL AS ALL UNINCORPORATED AREAS. LOCATED IN CENTRAL CALIFORNIA, MERCED COUNTY IS BORDERED BY SANTA CLARA COUNTY TO THE NORTHWEST, STANISLAUS COUNTY TO THE NORTH, TUOLUMNE AND MARIPOSA COUNTIES TO THE EAST, MADERA AND FRESNO COUNTIES TO THE SOUTH, AND SAN BENITO COUNTY TO THE WEST. THE COUNTY AMBULANCE ORDINANCE WAS LAST UPDATED IN NOVEMBER 2014.

Short-Range Plan (one year or less)  
Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.02 MONITORING

---

##### MINIMUM STANDARDS:

The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

##### RECOMMENDED GUIDELINES:

The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

**CURRENT STATUS:** MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

**NEED(S):** NONE

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** OBJECTIVE MET. MERCED COUNTY EMS AGENCY UTILIZES THE PROVISIONS OF THE COUNTY AMBULANCE ORDINANCE AS THE MECHANISM OF LICENSING EMERGENCY MEDICAL TRANSPORT SERVICES. ALL EMS PROVIDERS, TRANSPORT AND NON-TRANSPORT, ARE REQUIRED TO USE EMS AGENCY POLICIES AS A MEANS TO ENSURE COMPLIANCE WITH APPROPRIATE STATUTES, REGULATIONS, POLICIES AND PROCEDURES.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.03 CLASSIFYING MEDICAL REQUESTS

---

##### MINIMUM STANDARDS:

The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS DISPATCH CENTER UTILIZES EMERGENCY MEDICAL DISPATCH CARDS TO CLASSIFY CALLS FOR SERVICE INTO 5 CATEGORIES:

PRIORITY 1 – LIFE THREATENING EMERGENCY

PRIORITY 2 – NON-LIFE THREATENING EMERGENCY

PRIORITY 3 – NON-EMERGENCY

PRIORITY 4 – INTERFACILITY TRANSFER

PRIORITY 5 – CRITICAL CARE TRANSPORT

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.04 PRESCHEDULED RESPONSES

---

##### MINIMUM STANDARDS:

Service by emergency medical transport vehicles that can be prescheduled without negative medical impact shall be provided only at levels that permit compliance with local EMS agency policy.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. INTERFACILITY TRANSFERS ARE APPROVED FOR 9-1-1 SYSTEM EMERGENCY TRANSPORT VEHICLES PROVIDED THE EMERGENCY MEDICAL SYSTEM IS NOT NEGATIVELY IMPACTED.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.05 RESPONSE TIME STANDARDS

#### MINIMUM STANDARDS:

Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch time intervals and driving time.

#### RECOMMENDED GUIDELINES:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergency responses, response times shall not exceed:

	Metropolitan/Urban Area	Suburban/Rural Area	Wilderness Area
BLS and CPR Capable First Responder	5 minutes	15 minutes	As quickly as possible
Early Defibrillation – Capable Responder	5 minutes	As quickly as possible	As quickly as possible
ALS Capable Responder (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible
EMS Transportation Unit (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible

**CURRENT STATUS:** MEETS MINIMUM STANDARD RECOMMENDED GUIDELINE NOT MET

**NEED(S):** NONE. METRO-URBAN AREA RESPONSE TIME WILL BE ESTABLISHED BY CAL EMSA-APPROVED COMPETITIVE BID PROCESS AT ≤10:59 IN MERCED COUNTY EFFECTIVE JANUARY 1, 2015 AND ≤19:59 IN SUBURBAN/RURAL AREAS

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** N/A. MERCED COUNTY RESPONSE TIMES HAVE BEEN ESTABLISHED BY THE EMSA-APPROVED COMPETITIVE BID PROCESS TO BE S FOLLOWS:

Priority Level	Compliance	High Call Density (A)	Low Call Density (B)
Priority 1	90%	≤ 10:59	≤ 19:59
Priority 2	90%	≤ 10:59	≤ 19:59
Priority 3	90%	≤ 19:59	≤ 29:59
Priority 4	90%	+/- 15 minutes (scheduled) or ≤ 59:59 minutes	
Priority 5	90%	+/- 15 minutes (scheduled) or ≤ 89:59 minutes	

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.06 STAFFING

---

##### MINIMUM STANDARDS:

All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. ALL EMERGENCY MEDICAL TRANSPORT VEHICLES IN MERCED COUNTY ARE EQUIPPED ACCORDING TO EMS AGENCY POLICY #431, ALS EQUIPMENT AND SUPPLY INVENTORY WHICH IS MAINTAINED ON ITS WEB SITE: [HTTP://WWW.CO.MERCED.CA.US/DOCUMENTCENTER/HOME/VIEW/4944](http://www.co.merced.ca.us/documentcenter/home/view/4944)

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.07 FIRST RESPONDER AGENCIES

---

##### MINIMUM STANDARDS:

The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY HAS INTEGRATED ALL FIRST RESPONSE FIRE AGENCIES INTO THE EMS SYSTEM.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.08 MEDICAL & RESCUE AIRCRAFT

---

##### MINIMUM STANDARDS:

The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

- authorization of aircraft to be utilized in pre-hospital patient care,
- requesting of EMS aircraft,
- dispatching of EMS aircraft,
- determination of EMS aircraft patient destination,
- orientation of pilots and medical flight crews to the local EMS system, and
- addressing and resolving formal complaints regarding EMS aircraft.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

COORDINATION WITH OTHER EMS AGENCIES: MERCED COUNTY EMS HAS POLICY THAT ALLOWS DAY-TO-DAY MUTUAL AID OF AIR AMBULANCES TO NEIGHBORING COUNTIES.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY MAINTAINS A POLICY ON THE UTILIZATION AND CATEGORIZING OF EMS AIRCRAFT. EMS POLICY #470 DESCRIBES EMS AIRCRAFT UTILIZATION AND IS MAINTAINED ON THE EMS AGENCY WEB SITE: [HTTP://WWW.CO.MERCED.CA.US/DOCUMENTCENTER/HOME/VIEW/4948](http://www.co.merced.ca.us/documentcenter/home/view/4948)

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.09 AIR DISPATCH CENTER

---

##### MINIMUM STANDARDS:

The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS UTILIZES A SECONDARY PUBLIC SAFETY ANSWERING POINT (PSAP) THAT IS STAFFED AND OPERATED BY THE EXCLUSIVE OPERATOR OF GROUND AMBULANCE SERVICES IN MERCED COUNTY, SIERRA MEDICAL SERVICES ALLIANCE (SEMSA).

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.10 AIRCRAFT AVAILABILITY

---

##### MINIMUM STANDARDS:

The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY HAS ENTERED INTO A WRITTEN 3-YEAR AGREEMENT WITH ONE AIR AMBULANCE SERVICE PROVIDER, AIR METHODS, CORP.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.11 SPECIALTY VEHICLES

---

##### MINIMUM STANDARDS:

Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles.

##### RECOMMENDED GUIDELINES:

The local EMS agency should plan for response by and use of all-terrain vehicles, snow mobiles, and water rescue vehicles areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. THE MERCED COUNTY SHERIFFS OFFICE MAINTAINS A SEARCH AND RESCUE TEAM THAT WOULD PROVIDE ALL-TERRAIN VEHICLES AND WATER RESCUE WHEN REQUESTED BY EMS PERSONNEL.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.12 DISASTER RESPONSE

---

##### MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY HAS PARTICIPATED IN SEVERAL DRILLS, TRAININGS AND EXERCISES WITH COUNTY OES THAT HAVE LED TO THE DEVELOPMENT OF PLANS FOR EMS RESPONSE NEEDS DURING DISASTERS.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.13 INTERCOUNTY RESPONSE

---

##### MINIMUM STANDARDS:

The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

##### RECOMMENDED GUIDELINES:

The local EMS agency should encourage and coordinate development of mutual aid agreements that identify financial responsibility for mutual aid responses.

**CURRENT STATUS:** MEETS MINIMUM STANDARD RECOMMENDED GUIDELINE NOT MET

**NEED(S):** MERCED COUNTY EMS DOES HAVE AGREEMENTS WITH CONTIGUOUS COUNTIES THAT ALLOW FOR DAY-TO-DAY MUTUAL AID RESPONSES ACROSS COUNTY LINES. HOWEVER, THERE ARE NO FORMAL WRITTEN AGREEMENTS THAT IDENTIFY FIANCIAL RESPONSIBILITY FOR LONGER-TERM MUTUAL AID RESPONSES.

**OBJECTIVE:** DEVELOP MEMORANDUM OF AGREEMENTS WITH CONTIGUOUS COUNTIES THAT WILL IDENTIFY FINANCIAL RESPONSIBILITY FOR LONG-TERM MUTUAL AID RESPONSES.

**TIME FRAME FOR MEETING OBJECTIVE:** LONG RANGE.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.14 INCIDENT COMMAND SYSTEM

---

##### MINIMUM STANDARDS:

The local EMS agency shall develop multi-casualty response plans and procedures that include provision for on-scene medical management using the Incident Command System.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY AS WELL AS ALL FIRST RESPONSE PARTNERS UTILIZE THE INCIDENT COMMAND SYSTEM FOR ALL EMERGENCY RESPONSES AND IS USED ON A DAILY BASIS.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.15 MCI PLANS

---

**MINIMUM STANDARDS:**

Multi-casualty response plans and procedures shall utilize state standards and guidelines.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

**NEED(S):** NONE

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** OBJECTIVE MET. MERCED COUNTY EMS HAS DEVELOPED A MULTI-CASUALTY INCIDENT (MCI) RESPONSE PLAN WHICH UTILIZES STATE STANDARDS AND GUIDELINES. EMS POLICY #810 DESCRIBES MCI OPERATIONS AND IS MAINTAINED ON THE AGENCY WEB SITE:  
[HTTP://WWW.CO.MERCED.CA.US/DOCUMENTCENTER/HOME/VIEW/4923](http://www.co.merced.ca.us/documentcenter/home/view/4923)

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.16 ALS STAFFING

---

##### MINIMUM STANDARDS:

All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

##### RECOMMENDED GUIDELINES:

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew member.

On an emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. ALL MERCED COUNTY GROUND AMBULANCES ARE STAFFED WITH A MINIMUM OF ONE PARAMEDIC (ALS) AND ONE EMT (BLS) RESPONDER. THE EMS AGENCY, AT THIS TIME, DOES NOT RECOMMEND STAFFING GROUND AMBULANCES WITH TWO (2) PARAMEDICS. UNDER THE CURRENT CONFIGURATION, ALL AMBULANCE EMT STAFF ARE TRAINED IN THE PERFORMANCE OF DEFIBRILLATION USING AN AUTOMATED EXTERNAL DEFIBRILLATOR.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.17 ALS EQUIPMENT

---

##### MINIMUM STANDARDS:

All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS HAD DEVELOPED AN INVENTORY SUPPLY POLICY THAT ENSURES ALL EMERGENCY ALS AMBULANCES ARE EQUIPPED FOR THE LEVEL OF STAFFING OF ONE PARAMEDIC AND ONE EMT. EMS POLICY #43, ALS UNIT EQUIPMENT AND SUPPLY INVENTORY, IS MAINTAINED ON THE AGENCY WEB SITE: [HTTP://WWW.CO.MERCED.CA.US/DOCUMENTCENTER/HOME/VIEW/4944](http://www.co.merced.ca.us/documentcenter/home/view/4944)

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.18 TRANSPORT COMPLIANCE

---

**MINIMUM STANDARDS:**

The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

**NEED(S):** NONE

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** OBJECTIVE MET. MERCED COUNTY BOARD OF SUPERVISORS HAS ADOPTED COUNTY CODE 9.44 THAT ENSURES ALL AMBULANCE SERVICE PROVIDERS (AIR AND GROUND) COMPLY WITH EMS AGENCY POLICIES AND PROCEDURES.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.19 TRANSPORTATION PLAN

---

##### MINIMUM STANDARDS:

Any local EMS agency that desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, shall develop an EMS transportation plan which addresses: a) minimum standards for transportation services; b) optimal transportation system efficiency and effectiveness; and c) use of a competitive bid process to ensure system optimization.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS HAS DESIGNATED MERCED COUNTY IN ITS ENTIRETY AS AN EXCLUSIVE OPERATING AREA (EOA) FOR ALS GROUND AMBULANCE TRANSPORTATION SERVICES. THE EOA WAS ESTABLISHED USING THE COMPETITIVE REQUEST FOR PROPOSALS (RFP) BID PROCESS. THE RFP SET THE MINIMUM STANDARDS FOR TRANSPORTATION SERVICES, AND SET THE STANDARDS FOR TRANSPORT SYSTEM EFFICIENCY AND EFFECTIVENESS. THE RFP CAN BE DOWNLOADED FROM THE MERCED COUNTY WEB SITE AND IS ALSO INCLUDED IN THIS EMS PLAN AS APPENDIX A.

[HTTP://WWW.CO.MERCED.CA.US/BIDS.ASPX?BIDID=455](http://www.co.merced.ca.us/bids.aspx?bidid=455)

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.20 "GRANDFATHERING"

---

##### MINIMUM STANDARDS:

Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. EFFECTIVE JANUARY 1, 2015, MERCED COUNTY EMS ESTABLISHED MERCED COUNTY IN ITS ENTIRETY AS AN EXCLUSIVE OPERATING AREA FOR GROUND AMBULANCE TRANSPORTATION SERVICES. THE EOA WAS ESTABLISHED USING THE COMPETITIVE REQUEST FOR PROPOSALS (RFP) BID PROCESS.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.21 EOA COMPLIANCE

---

##### MINIMUM STANDARDS:

The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS HAD DEVELOPED AN EMS CONTINUOUS QUALITY IMPROVEMENT (CQI) PLAN THAT WAS EMSA-APPROVED DECEMBER 8, 2015. THE PLAN SERVES AS THE WORKING DOCUMENT TO THE LOCAL CQI COMMITTEE. THE CQI COMMITTEE SERVES AS AN OVERSIGHT COMMITTEE TO THE EMS AGENCY TO ASSIST IN ENSURING PROVIDER AGENCIES COMPLY WITH ESTABLISHED EMS POLICY AND PROCEDURE.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.22 EOA EVALUATION

---

##### MINIMUM STANDARDS:

The local EMS agency shall periodically evaluate the design of exclusive operating areas.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS, DURING THE 2016 YEAR, HAS SECURED THE SERVICES OF PAGE, WOLFBERG AND WIRTH, AN EMS CONSULTING LAW FIRM, TO ANALYZE THE EMS SYSTEM AND EOA. THE RESULTING REPORT WILL SERVE AS A FORMAL ANALYSIS OF HOW WELL THE SYSTEM IS PERFORMING AND WILL INCLUDE RECOMMENDATIONS FOR CHANGE IF ANY ARE IDENTIFIED. THE REPORT IS EXPECTED TO BE RECEIVED IN EARLY DECEMBER 2016.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **FACILITIES AND CRITICAL CARE**

#### **5.01 ASSESSMENT OF CAPABILITIES**

---

##### **MINIMUM STANDARDS:**

The local EMS agency shall assess and periodically reassess the EMS related capabilities of acute care facilities in its service area.

##### **RECOMMENDED GUIDELINES:**

The local EMS agency should have written agreements with acute care facilities in its service area.

**CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE**

**NEED(S): NONE**

**OBJECTIVE: N/A**

**TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY, THROUGH ITS ESTABLISHED EMS CONTINUOUS QUALITY IMPROVEMENT PLAN AND COMMITTEE, ROUTINELY REVIEWS THE SERVICES THAT THE LOCAL ACUTE CARE HOSPITALS PROVIDE TO THE EMS RESPONDERS.**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### FACILITIES AND CRITICAL CARE

#### 5.02 TRIAGE & TRANSFER PROTOCOLS

---

##### MINIMUM STANDARDS:

The local EMS agency shall establish pre-hospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY UTILIZES S.T.A.R.T. TRIAGE AS ITS BASIS TO SORT PATIENTS AT MULTIPLE PATIENT EVENTS. EMS POLICY #402 ESTABLISHES APPROPRIATE PATIENT DESTINATIONS AND IS MAINTAINED ON THE AGENCY WEB SITE:

[HTTP://WWW.CO.MERCED.CA.US/DOCUMENTCENTER/HOME/VIEW/4941](http://www.co.merced.ca.us/documentcenter/home/view/4941)

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### FACILITIES AND CRITICAL CARE

#### 5.03 TRANSFER GUIDELINES

---

##### MINIMUM STANDARDS:

The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY DOES NOT HAVE AVAILABLE SPECIALTY FACILITIES SUCH AS STROKE, STEMI OR TRAUMA CENTERS. TRANSFER GUIDELINES HAVE BEEN ESTABLISHED THAT ENSURE THAT TRAUMA PATIENTS ARE TRANSFERRED TO TRAUMA CENTERS IN MODESTO FROM THE FIELD. STEMI PATIENTS MAY ALSO BE TRANSFERRED FROM THE FIELD TO THE STEMI CENTER IN MODESTO. PATIENTS IN THE LOCAL RECEIVING FACILITIES ARE TRANSFERRED BY ALS OR CCT INTERFACILITY TRANSFERS WHEN DEEMED NECESSARY BY THE SENDING PHYSICIAN.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### FACILITIES AND CRITICAL CARE

#### 5.04 SPECIALTY CARE FACILITIES

---

##### MINIMUM STANDARDS:

The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY HAS TWO (2) LOCAL HOSPITALS. MERCED COUNTY EMS AGENCY HAS DESIGNATED ONE HOSPITAL AS THE BASE HOSPITAL AND THE OTHER AS A DESIGNATED RECEIVING FACILITY.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **FACILITIES AND CRITICAL CARE**

#### **5.05 MASS CASUALTY MANAGEMENT**

---

##### **MINIMUM STANDARDS:**

The local EMS agency shall encourage hospitals to prepare for mass casualty management.

##### **RECOMMENDED GUIDELINES:**

The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

**CURRENT STATUS:** MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

**NEED(S):** NONE

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** OBJECTIVE MET. MERCED COUNTY EMS AND THE COUNTY PHEP PROGRAM RECOMMENDS THAT THE TWO (2) LOCAL HOSPITALS PARTICIPATE IN THE ANNUAL STATEWIDE MEDICAL/HEALTH DISASTER EXERCISE. THIS EXERCISE IDENTIFIES GAPS IN MCI PREPARATIONS THAT ARE WORKED ON TO MAKE SYSTEM IMPROVEMENTS IN HOSPITAL COMMUNICATIONS AND PATIENT FLOW.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### FACILITIES AND CRITICAL CARE

#### 5.06 HOSPITAL EVACUATION

---

##### MINIMUM STANDARDS:

The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. THE TWO (2) LOCAL HOSPITALS PLAN FOR AND EXERCISE HOSPITAL EVACUATION. MERCED COUNTY EMS AGENCY CONSULTS WITH THE HOSPITALS TO ENSURE THAT LOCAL TRANSPORTATION NEEDS ARE MET WHILE NOT HAVING A NEGATIVE IMPACT OF THE EMERGENCY 9-1-1 SYSTEM.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### FACILITIES AND CRITICAL CARE

#### 5.07 BASE HOSPITAL DESIGNATION

---

##### MINIMUM STANDARDS:

The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of pre-hospital personnel.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY HAS DEVELOPED EMS POLICY #501 WHICH DESCRIBES THE CRITERIA TO DESIGNATE BASE HOSPITALS. THE POLICY IS MAINTAINED ON THE AGENCY WEB SITE: [HTTP://WWW.CO.MERCED.CA.US/DOCUMENTCENTER/HOME/VIEW/4950](http://www.co.merced.ca.us/documentcenter/home/view/4950)

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **FACILITIES AND CRITICAL CARE**

#### **5.08 TRAUMA SYSTEM DESIGN**

---

##### **MINIMUM STANDARDS:**

Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

- the number and level of trauma centers (including the use of trauma centers in other counties),
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- a plan for monitoring and evaluation of the system.

##### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

**NEED(S):** NONE

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** OBJECTIVE MET. MERCED COUNTY EMS AGENCY HAS A WRITTEN AND EMSA-APPROVED TRAUMA PLAN THAT DETERMINED THE OPTIMAL TRAUMA SYSTEM FOR MERCED COUNTY IS TO TRANSFER PATIENTS THAT MEET PRE-ESTABLISHED TRAUMA CRITERIA TO TRAUMA CENTERS LOCATED IN MODESTO.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **FACILITIES AND CRITICAL CARE**

#### **5.09 PUBLIC INPUT**

---

##### **MINIMUM STANDARDS:**

In planning its trauma care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

##### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

**NEED(S):** NONE

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** OBJECTIVE MET. MERCED COUNTY EMS AGENCY CONSIDERS INPUT FROM HOSPITALS, PRE-HOSPITAL RESPONDERS AND THE EMERGENCY MEDICAL CARE COMMITTEE RECOMMENDATIONS WHEN THE ANNUAL TRAUMA SYSTEM PLAN UPDATE IS DEVELOPED.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### FACILITIES AND CRITICAL CARE

#### 5.10 PEDIATRIC SYSTEM DESIGN

---

##### MINIMUM STANDARDS:

Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

- the number and role of system participants, particularly of emergency departments,
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- identification of providers who are qualified to transport such patients to a designated facility,
- identification of tertiary care centers for pediatric critical care and pediatric trauma,
- the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY DOES NOT HAVE A PEDIATRIC CRITICAL CARE FACILITY LOCATED WITHIN ITS EMS SYSTEM. CRITICAL PEDIATRIC PATIENTS ARE TRANSFERRED DIRECTLY FROM THE FIELD OR A HOSPITAL TO VALLEY CHILDREN'S HOSPITAL, MADERA. VALLEY CHILDREN'S HOSPITAL HAS BEEN DESIGNATED AS A PEDIATRIC TRAUMA CENTER BY CENTRAL CALIFORNIA EMS AGENCY.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### FACILITIES AND CRITICAL CARE

#### 5.11 EMERGENCY DEPARTMENTS

---

##### MINIMUM STANDARDS:

Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:

- staffing,
- training,
- equipment,
- identification of patients for whom consultation with a pediatric critical care center is appropriate,
- quality assurance/quality improvement, and
- data reporting to the local EMS agency.

##### RECOMMENDED GUIDELINES:

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. THE MERCED COUNTY EMS SYSTEM IS CAPABLE OF HANDLING BASIC EMERGENCY CARE TO PEDIATRIC PATIENTS. HIGHER LEVELS OF EMERGENCY PEDIATRIC CARE ARE TRANSPORTED TO VALLEY CHILDREN'S HOSPITAL, MADERA.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### FACILITIES AND CRITICAL CARE

#### 5.12 PUBLIC INPUT

---

##### MINIMUM STANDARDS:

In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. WHEN THE PATIENT DESTINATION POLICY IS DUE FOR UPDATE, INPUT FROM HOSPITALS AND PRE-HOSPITAL RESPONDERS WILL BE MADE AVAILABLE.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### FACILITIES AND CRITICAL CARE

#### 5.13 SPECIALTY SYSTEM DESIGN

---

##### MINIMUM STANDARDS:

Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved, including:

- the number and role of system participants,
- the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center,
- the role of non-designated hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY DOES NOT HAVE SPECIALTY CARE FACILITIES SUCH AS STROKE, STEMI OR TRAUMA CENTERS.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **FACILITIES AND CRITICAL CARE**

#### **5.14 PUBLIC INPUT**

---

##### **MINIMUM STANDARDS:**

In planning other specialty care systems, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

##### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

**NEED(S):** NONE

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** OBJECTIVE MET.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### DATA COLLECTION AND SYSTEM EVALUATION

#### 6.01 QA/QI PROGRAM

---

##### MINIMUM STANDARDS:

The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all pre-hospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols, and identification of preventable morbidity and mortality, and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

##### RECOMMENDED GUIDELINES:

The local EMS agency should have the resources to evaluate response to, and the care provided to, specific patients.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY HAS DEVELOPED AN EMS CONTINUOUS QUALITY IMPROVEMENT PLAN THAT WAS EMSA-APPROVED SEPTEMBER 14, 2016. THE AGENCY HAS THE ABILITY TO PULL SPECIFIC PATIENT CRITERIA FOR EVALUATION FROM ITS EPCR SYSTEM, "PHYSIO-CONTROL HEALTH EMS."

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### DATA COLLECTION AND SYSTEM EVALUATION

#### 6.02 PREHOSPITAL RECORDS

---

##### MINIMUM STANDARDS:

Pre-hospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY REQUIRES THAT AN ELECTRONIC PATIENT CARE RECORD BE COMPLETED FOR EVERY PATIENT CONTACT. EMS POLICY #540, DOCUMENTATION OF PATIENT CONTACT IS MAINTAINED ON THE AGENCY WEB SITE: [HTTP://WWW.CO.MERCED.CA.US/DOCUMENTCENTER/HOME/VIEW/4961](http://www.co.merced.ca.us/documentcenter/home/view/4961)

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **DATA COLLECTION AND SYSTEM EVALUATION**

#### **6.03 PREHOSPITAL CARE AUDITS**

---

##### **MINIMUM STANDARDS:**

Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.

##### **RECOMMENDED GUIDELINES:**

The local EMS agency should have a mechanism to link pre-hospital records with dispatch, emergency department, in-patient and discharge records.

**CURRENT STATUS:** MEETS MINIMUM STANDARD RECOMMENDED GUIDELINE NOT MET

**NEED(S):** HEALTH INFORMATION EXCHANGE

**OBJECTIVE:** TO PARTNER WITH THE SAN JOAQUIN COMMUNITY HEALTH INFORMATION EXCHANGE ORGANIZATION FOR THE BI-LATERAL EXCHANGE OF PATIENT CARE INFORMATION BETWEEN EMS AND THE TWO (2) LOCAL HOSPITALS.

**TIME FRAME FOR MEETING OBJECTIVE:** LONG RANGE PLAN

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### DATA COLLECTION AND SYSTEM EVALUATION

#### 6.04 MEDICAL DISPATCH

---

##### MINIMUM STANDARDS:

The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post dispatch directions.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY EMS DISPATCH CENTER HAS THE CAPABILITY TO MONITOR MEDICAL DISPATCHING BY RECORDED AUDIO. DETERMINING APPROPRIATE LEVEL OF MEDICAL RESPONSE CAN BE MADE IN REAL TIME BY MONITORING RADIO TRAFFIC OR RETROACTIVELY BY REVIEWING RECORDED AUDIO.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### DATA COLLECTION AND SYSTEM EVALUATION

#### 6.05 DATA MANAGEMENT SYSTEM

---

##### MINIMUM STANDARDS:

The local EMS agency shall establish a data management system that supports its system-wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

##### RECOMMENDED GUIDELINES:

The local EMS agency should establish an integrated data management system which includes system response and clinical (both pre-hospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY MAINTAINS SEVERAL DATA MANAGEMENT SYSTEMS DESIGNED TO EVALUATE RESPONSE AND PATIENT CARE.

THE "FIRSTWATCH" SYSTEM MONITORS RESPONSE COMPLIANCE.

"HEALTHEMS" IS THE ELECTRONIC PATIENT CARE REPORT SYSTEM FOR MONITORING PATIENT CARE.

EMSYSTEM MONITORS THE CURRENT STATUS OF THE EMS SYSTEM BY MONITORING SUCH THINGS AS HOPITAL BED AVAILABILITY.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **DATA COLLECTION AND SYSTEM EVALUATION**

#### **6.06 SYSTEM DESIGN EVALUATION**

---

##### **MINIMUM STANDARDS:**

The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

##### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

**NEED(S):** NONE

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** OBJECTIVE MET. THE MERCED COUNTY EMERGENCY MEDICAL CARE COMMITTEE (EMCC) ISSUES AN ANNUAL REPORT ON ITS OBSERVATION OF THE EMS SYSTEM'S PERFORMANCE AS DIRECTED IN CALIFORNIA HEALTH & SAFETY CODE SECTIONS 1797.274 AND 1797.276. THE ANNUAL EMCC REPORTS ON THE EMS SYSTEM DESIGN AND OPERATIONS AND COMMUNITY NEEDS.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### DATA COLLECTION AND SYSTEM EVALUATION

#### 6.07 PROVIDER PARTICIPATION

---

##### MINIMUM STANDARDS:

The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY IS FORTUNATE THAT ALL OF ITS EMS PROVIDERS, BOTH BLS AND ALS, ARE ACTIVE PARTICIPANTS IN THE EMS SYSTEM.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### DATA COLLECTION AND SYSTEM EVALUATION

#### 6.08 REPORTING

---

##### MINIMUM STANDARDS:

The local EMS agency shall, at least annually, report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. THE MERCED COUNTY EMERGENCY MEDICAL CARE COMMITTEE (EMCC) ISSUES AN ANNUAL REPORT TO THE EMS AGENCY AND BOARD OF SUPERVISORS ON ITS OBSERVATION OF THE EMS SYSTEM'S PERFORMANCE AS DIRECTED IN CALIFORNIA HEALTH & SAFETY CODE SECTIONS 1797.274 AND 1797.276. THE ANNUAL EMCC REPORTS ON THE EMS SYSTEM DESIGN AND OPERATIONS AND COMMUNITY NEEDS.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### DATA COLLECTION AND SYSTEM EVALUATION

#### 6.09 ALS AUDIT

---

##### MINIMUM STANDARDS:

The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and pre-hospital activities.

##### RECOMMENDED GUIDELINES:

The local EMS agency's integrated data management system should include pre-hospital, base hospital, and receiving hospital data.

**CURRENT STATUS:** MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES

**NEED(S):** NONE

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** OBJECTIVE MET. MERCED COUNTY'S EMS DATA MANAGEMENT SYSTEM INCLUDES DATA PROVIDED FROM PRE-HOSPITAL, BASE AND RECEIVING HOSPITALS.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### DATA COLLECTION AND SYSTEM EVALUATION

#### 6.10 TRAUMA SYSTEM EVALUATION

---

**MINIMUM STANDARDS:**

The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a trauma registry, a mechanism to identify patients whose care fell outside of established criteria, and a process for identifying potential improvements to the system design and operation.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

**NEED(S):** NONE

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** OBJECTIVE MET. MERCED COUNTY EMS AGENCY PARTICIPATES IN THE QUARTERLY MOUNTAIN-VALLEY TRAUMA AUDIT COMMITTEE, THE MERCED COUNTY TRAUMA AUDIT COMMITTEE AND THE QUARTERLY CENTRAL REGIONAL TRAUMA COORDINATING COMMITTEE OF CALIFORNIA. IMPROVEMENT TO SYSTEM DESIGN AND OPERATIONS ARE DISCUSSED AT THESE MEETINGS. MERCED COUNTY EMS AGENCY MAINTAINS ITS TRAUMA REGISTRY BY USING THE TRAUMABASE REGISTRY SOFTWARE.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **DATA COLLECTION AND SYSTEM EVALUATION**

#### **6.11 TRAUMA CENTER DATA**

---

##### **MINIMUM STANDARDS:**

The local EMS Agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information that is required for quality assurance/quality improvement and system evaluation.

##### **RECOMMENDED GUIDELINES:**

The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their QA/QI and system evaluation program.

**CURRENT STATUS:** MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES

**NEED(S):** NONE

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** OBJECTIVE MET. MERCED COUNTY EMS AGENCY RECEIVES QA/CQI INFORMATION FROM TRAUMA CENTERS UPON REQUEST.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### PUBLIC INFORMATION AND EDUCATION

#### 7.01 PUBLIC INFORMATION MATERIALS

---

##### MINIMUM STANDARDS:

The local EMS agency shall promote the development and dissemination of information materials for the public that addresses:

- understanding of EMS system design and operation,
- proper access to the system,
- self-help (e.g., CPR, first aid, etc.),
- patient and consumer rights as they relate to the EMS system,
- health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- appropriate utilization of emergency departments.

##### RECOMMENDED GUIDELINES:

The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

**CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES**

**NEED(S): NONE**

**OBJECTIVE: N/A**

**TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY IS AWARE OF THE IMPORTANCE OF COMMUNITY EDUCATION AS IT RELATES TO THE APPROPRIATE ACCESS AND USE OF THE 9-1-1 SYSTEM. MERCED COUNTY EMS AGENCY WORKS CLOSELY WITH THE COUNTY PUBLIC HEALTH EMERGENCY PREPAREDNESS PROGRAM TO OFFER TRAININGS AND INSTRUCTION TO ITS COMMUNITY PARTNERSHIP.**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **PUBLIC INFORMATION AND EDUCATION**

#### **7.02 INJURY CONTROL**

---

##### **MINIMUM STANDARDS:**

The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

##### **RECOMMENDED GUIDELINES:**

The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

**CURRENT STATUS:** MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES

**NEED(S):** NONE

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** OBJECTIVE MET. MERCED COUNTY EMS AGENCY WORKS CLOSELY WITH THE COUNTY PUBLIC HEALTH EMERGENCY PREPAREDNESS PROGRAM TO OFFER INJURY CONTROL AND PREVENTATIVE MEDICINE TRAININGS AND INSTRUCTION TO ITS COMMUNITY PARTNERSHIP.

**SHORT-RANGE PLAN (ONE YEAR OR LESS)**

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### PUBLIC INFORMATION AND EDUCATION

#### 7.03 DISASTER PREPAREDNESS

---

##### MINIMUM STANDARDS:

The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

##### RECOMMENDED GUIDELINES:

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

**CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES**

**NEED(S): NONE**

**OBJECTIVE: N/A**

**TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY ROUTINELY MEETS WITH COUNTY OFFICE OF EMERGENCY SERVICES TO PLAN RESPONSES TO LOCAL DISASTERS SUCH AS FLOOD, EARTHQUAKE AND FIRE. CITIZEN DISASTER PREPAREDNESS IS A KEY FUNCTION OF THE PLANNING PROCESS.**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **PUBLIC INFORMATION AND EDUCATION**

#### **7.04 FIRST AID & CPR TRAINING**

---

##### **MINIMUM STANDARDS:**

The local EMS agency shall promote the availability of first aid and CPR training for the general public.

##### **RECOMMENDED GUIDELINES:**

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

**CURRENT STATUS:** MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES

**NEED(S):** NONE

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** OBJECTIVE MET. MERCED COUNTY EMS AGENCY WITH THE PUBLIC HEALTH EMERGENCY PREPAREDNESS PROGRAM PROMOTES FIRST AID AND CPR TRAINING AS PROVIDED BY THE AMBULANCE SERVICE PROVIDER, SIERRA MEDICAL SERVICES ALLIANCE.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### DISASTER MEDICAL RESPONSE

#### 8.01 DISASTER MEDICAL PLANNING

---

##### MINIMUM STANDARDS:

In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY, IN CONJUNCTION WITH COUNTY OFFICE OF EMERGENCY SERVICES HAS PARTICIPATED IN THE DEVELOPMENT OF THE COUNTY ALL-HAZARD EMERGENCY OPERATIONS PLAN THAT INCLUDES HAZARDOUS/TOXIC MATERIALS.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **DISASTER MEDICAL RESPONSE**

#### **8.02 RESPONSE PLANS**

---

##### **MINIMUM STANDARDS:**

Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

##### **RECOMMENDED GUIDELINES:**

The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

**CURRENT STATUS:** MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES

**NEED(S):** NONE

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** OBJECTIVE MET. MERCED COUNTY EMS AGENCY, IN CONJUNCTION WITH COUNTY OFFICE OF EMERGENCY SERVICES HAS PARTICIPATED IN THE DEVELOPMENT OF THE COUNTY ALL-HAZARD EMERGENCY OPERATIONS PLAN THAT INCLUDES HAZARDOUS/TOXIC MATERIALS. THE COUNTY ALL-HAZARD PLAN HAS BEEN APPROVED BY THE CALIFORNIA OFFICE OF EMERGENCY SERVICES.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### DISASTER MEDICAL RESPONSE

#### 8.03 HAZMAT TRAINING

---

##### MINIMUM STANDARDS:

All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY FIRST RESPONSE AGENCIES ARE TRAINED IN HAZ-MAT FIRST RESPONDER AWARENESS AT A MINIMUM. MERCED COUNTY FIRE DEPARTMENT MAINTAINS AND RESPONDS A TRAINED HAZARDOUS MATERIALS RESPONSE TEAM.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### DISASTER MEDICAL RESPONSE

#### 8.04 INCIDENT COMMAND SYSTEM

---

##### MINIMUM STANDARDS:

Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

##### RECOMMENDED GUIDELINES:

The local EMS agency should ensure that ICS training is provided for all medical providers.

**CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES**

**NEED(S): NONE**

**OBJECTIVE: N/A**

**TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS RESPONDERS USE THE INCIDENT COMMAND SYSTEM (ICS), NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) AND STANDARDIZED EMERGENCY MANAGEMENT SYSTEM (SEMS) TO MANAGE DISASTERS. ICS, NIMS AND SEMS TRAINING IS CONDUCTED ANNUALLY BY THE COUNTY OFFICE OF EMERGENCY SERVICES. ICS 100 AND 200 ARE SELF-PACED AND ONLINE TRAINING PROGRAMS WHILE ICS 300 AND 400 IS OFFERED ANNUALLY.**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **DISASTER MEDICAL RESPONSE**

#### **8.05 DISTRIBUTION OF CASUALTIES**

---

##### **MINIMUM STANDARDS:**

The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

##### **RECOMMENDED GUIDELINES:**

The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

**CURRENT STATUS:** MEETS MINIMUM STANDARD DOES NOT MEET RECOMMENDED GUIDELINES

**COORDINATION WITH OTHER EMS AGENCIES:** TO IDENTIFY APPROPRIATE RECEIVING FACILITIES FOR RECEIPT AND TREATMENT OF PATIENTS WITH RADIATION AND CHEMICAL CONTAMINATION AND INJURIES, MERCED COUNTY EMS AGENCY WILL CONSULT AND COORDINATE WITH BOTH CENTRAL CALIFORNIA AND MOUNTAIN-VALLEY EMS AGENCIES.

**NEED(S):** MODIFY THE CURRENT PATIENT DESTINATION POLICY.

**OBJECTIVE:** TO DEVELOP A PATIENT DESTINATION POLICY THAT IDENTIFIES FACILITIES CAPABLE OF RECEIVING AND TREATING OF PATIENTS WITH RADIATION AND CHEMICAL CONTAMINATION AND INJURIES.

**TIME FRAME FOR MEETING OBJECTIVE:** LONG RANGE PLAN

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### DISASTER MEDICAL RESPONSE

#### 8.06 NEEDS ASSESSMENT

---

##### MINIMUM STANDARDS:

The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

##### RECOMMENDED GUIDELINES:

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. THE MEDICAL HEALTH OPERATIONAL AREA COORDINATOR (MHOAC) PROGRAM IS ESTABLISHED WITHIN MERCED COUNTY EMS AGENCY. A MHOAC PLAN HAS BEEN DEVELOPED WHICH PRESCRIBES THAT EARLY ASSESSMENT OF NEEDS SHALL BE COMPLETED AS SOON AS PRACTICAL ON UNUSUAL OR LARGE SCALE EVENTS AND REPORTED TO THE REGION V REGIONAL DISASTER MEDICAL HEALTH SPECIALIST (RDMHS).

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### DISASTER MEDICAL RESPONSE

#### 8.07 DISASTER COMMUNICATIONS

---

##### MINIMUM STANDARDS:

A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY OES HAS ESTABLISHED THAT A LOCAL FREQUENCY, "XMD," BE UTILIZED AS THE TACTICAL FREQUENCY FOR LOCAL DISASTER RESPONSE. WHEN OUTSIDE AGENCIES RESPOND INTO MERCED COUNTY, CALCORD IS THE FREQUENCY ASSIGNED TO ALL RESPONSE AGENCIES AND PERSONNEL.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **DISASTER MEDICAL RESPONSE**

#### **8.08 INVENTORY OF RESOURCES**

---

##### **MINIMUM STANDARDS:**

The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

##### **RECOMMENDED GUIDELINES:**

The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

**CURRENT STATUS:** MEETS MINIMUM STANDARD DOES NOT MEET RECOMMENDED GUIDELINES

**NEED(S):** A RESOURCE DIRECTORY THAT IDENTIFIES PROVIDERS OF DISASTER MEDICAL RESOURCES.

**OBJECTIVE:** TO COORDINATE WITH LOCAL OES AND THE PUBLIC HEALTH EMERGENCY PREPAREDNESS PROGRAM TO DEVELOP A RESOURCE DIRECTORY THAT IDENTIFIES PROVIDERS OF DISASTER MEDICAL RESOURCES.

**TIME FRAME FOR MEETING OBJECTIVE:** LONG RANGE PLAN

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### DISASTER MEDICAL RESPONSE

#### 8.09 DMAT TEAMS

---

##### MINIMUM STANDARDS:

The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

##### RECOMMENDED GUIDELINES:

The local EMS agency should support the development and maintenance of DMAT teams in its area.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. THERE ARE NO DMAT TEAMS IN MERCED COUNTY. OES REGION V IS THE CONTACT POINT FOR MERCED COUNTY SHOULD THE NEED FOR A DMAT TEAM RESPONSE BE IDENTIFIED.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **DISASTER MEDICAL RESPONSE**

#### **8.10 MUTUAL AID AGREEMENTS**

---

##### **MINIMUM STANDARDS:**

The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, that ensure sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

##### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** DOES NOT MEET MINIMUM STANDARD

**NEED(S):** MEDICAL MUTUAL AID AGREEMENTS WITH OTHER COUNTIES IN OES REGION V.

**OBJECTIVE:** WORK IN PARTNERSHIP WITH OES REGION 5 MHOAC PROGRAM TO DEVELOP A REGIONAL MEDICAL MUTUAL AID RESPONSE PLAN.

**TIME FRAME FOR MEETING OBJECTIVE:** LONG RANGE PLAN

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### DISASTER MEDICAL RESPONSE

#### 8.11 CCP DESIGNATION

---

##### MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate Field Treatment Sites (FTS).

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. FIELD TREATMENT SITES HAVE BEEN IDENTIFIED IN MERCED COUNTY.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### DISASTER MEDICAL RESPONSE

#### 8.12 ESTABLISHMENT OF CCP

---

##### MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES, shall develop plans for establishing Casualty Collection Points (CCP) and a means for communicating with them.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. CASUALTY COLLECTION POINTS ARE IDENTIFIED IN THE MERCED COUNTY EMERGENCY OPERATIONS PLAN.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### DISASTER MEDICAL RESPONSE

#### 8.13 DISASTER MEDICAL TRAINING

---

##### MINIMUM STANDARDS:

The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

##### RECOMMENDED GUIDELINES:

The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

**CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES**

**NEED(S): NONE**

**OBJECTIVE: N/A**

**TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. DECONTAMINATION TECHNIQUES AND EQUIPMENT ARE PLANNED FOR IN SYSTEM-WIDE TRAINING ACTIVITIES. IN 2015, ONE FUNCTIONAL EXERCISE WAS HELD THAT TESTED FIRST RESPONDER'S CAPABILITY TO MITIGATE A MULTI-CASUALTY INCIDENT THAT INVOLVED A HAZARDOUS SUBSTANCE.**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### DISASTER MEDICAL RESPONSE

#### 8.14 HOSPITAL PLANS

---

##### MINIMUM STANDARDS:

The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

##### RECOMMENDED GUIDELINES:

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and pre-hospital medical care agencies.

**CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES**

**NEED(S): NONE**

**OBJECTIVE: N/A**

**TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. THE TWO (2) LOCAL MERCED COUNTY HOSPITALS EACH HAVE DISASTER PLANS. THE LOCAL HOSPITALS PARTICIPATE IN THE ANNUAL STATEWIDE MEDICAL HEALTH DISASTER EXERCISE IN A COLLABORATIVE APPROACH TO DISASTER MANAGEMENT.**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### DISASTER MEDICAL RESPONSE

#### 8.15 INTERHOSPITAL COMMUNICATIONS

---

**MINIMUM STANDARDS:**

The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

**NEED(S):** NONE

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** OBJECTIVE MET. THE TWO (2) LOCAL MERCED COUNTY HOSPITALS HAVE THE CAPABILITY TO COMMUNICATE WITH EACH OTHER VIA RADIO AND TELEPHONE/FAX.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### DISASTER MEDICAL RESPONSE

#### 8.16 PREHOSPITAL AGENCY PLANS

---

##### MINIMUM STANDARDS:

The local EMS agency shall ensure that all pre-hospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

##### RECOMMENDED GUIDELINES:

The local EMS agency should ensure the availability of training in management of significant medical incidents for all pre-hospital medical response agencies and acute-care hospital staffs in its service area.

**CURRENT STATUS:** MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES

**NEED(S):** NONE

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** OBJECTIVE MET. SINCE THE LAST EMS PLAN UPDATE, A MEDICAL-SURGE PLAN HAS BEEN DEVELOPED IN COOPERATION WITH THE PUBLIC HEALTH EMERGENCY PREPAREDNESS PROGRAM. A MEDICAL-SURGE TABLETOP EXERCISE IS PLANNED FOR THE FY2016/2017 YEAR.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### DISASTER MEDICAL RESPONSE

#### 8.17 ALS POLICIES

---

##### MINIMUM STANDARDS:

The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY'S POLICY FOR RESPONDERS FROM OUTSIDE EMS SYSTEMS IS TO ALLOW THEM TO FUNCTION USING THEIR HOME SYSTEM'S FIELD TREATMENT POLICIES, PROCEDURES AND MEDICAL PROTOCOLS.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **DISASTER MEDICAL RESPONSE**

#### **8.18 SPECIALTY CENTER ROLES**

---

##### **MINIMUM STANDARDS:**

Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during a significant medical incidents and the impact of such incidents on day-to-day triage procedures.

##### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

**NEED(S):** NONE

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** OBJECTIVE MET. MERCED COUNTY'S TRAUMA SYSTEM RECOMMENDS TRANSPORTING PATIENTS THAT MEET PREDETERMINED TRAUMA CRITERIA TO BE TRANSPORTED FROM THE FIELD OR AN E.D. DIRECTLY TO TRAUMA CENTERS LOCATED IN MODESTO.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### DISASTER MEDICAL RESPONSE

#### 8.19 WAIVING EXCLUSIVITY

---

##### MINIMUM STANDARDS:

Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY MAINTAINS EMS POLICY #810, MULTI-CASUALTY INCIDENTS, ON ITS WEB SITE. EMS POLICY #810 STATES THAT EXCLUSIVITY MAY BE WAIVED IN THE EVENT OF DISASTER OR OTHER LARGE SCALE EVENT AS DETERMINED BY THE EMS AGENCY:  
[HTTP://WWW.CO.MERCED.CA.US/DOCUMENTCENTER/HOME/VIEW/4923](http://www.co.merced.ca.us/documentcenter/home/view/4923)

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

Reporting Year: 2015

1. Percentage of population served by each level of care by county:  
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: **Merced**

- |   |              |
|---|--------------|
| A. Basic Life Support (BLS)             | _____ %      |
| B. Limited Advanced Life Support (LALS) | _____ %      |
| C. Advanced Life Support (ALS)          | <b>100</b> % |

2. Type of agency
  - a) Public Health Department
  - b) County Health Services Agency
  - c) Other (non-health) County Department
  - d) Joint Powers Agency
  - e) Private Non-Profit Entity
  - f) Other: \_\_\_\_\_
3. The person responsible for day-to-day activities of the EMS agency reports to
  - a) Public Health Officer
  - b) Health Services Agency Director/Administrator
  - c) Board of Directors
  - d) Other: Public Health Department/LEMSA Director

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	X
Designation of trauma centers/trauma care system planning	X
Designation/approval of pediatric facilities	X
Designation of other critical care centers	X
Development of transfer agreements	X
Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	X
Operation of ambulance service	N/A
Continuing education	X
Personnel training	X
Operation of <u>oversight</u> of EMS dispatch center	X
Non-medical disaster planning	X
Administration of critical incident stress debriefing team (CISD)	X

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Administration of disaster medical assistance team (DMAT)	<u>N/A</u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>N/A</u>
Other: _____	<u>N/A</u>

**5. EXPENSES**

Salaries and benefits (All but contract personnel)	\$ <u>545,199</u>
Contract Services (e.g. Medical Director)	<u>47,325</u>
Operations (e.g. copying, postage, facilities)	<u>373,713</u>
Travel	<u>14,895</u>
Fixed assets	<u>10,368</u>
Indirect expenses (overhead)	<u>-</u>
Ambulance subsidy	<u>-</u>
EMS Fund payments to physicians/hospital	<u>-</u>
Dispatch center operations (non-staff)	<u>-</u>
Training program operations	<u>-</u>
Other: _____	<u>N/A</u>

<b>TOTAL EXPENSES</b>	<b>\$ <u>991,500</u></b>
-----------------------	--------------------------

**6. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]	<u>-</u>
Preventive Health and Health Services (PHHS) Block Grant	<u>-</u>
Office of Traffic Safety (OTS)	<u>-</u>
State general fund	<u>-</u>
County general fund	<u>-105,036</u>
Other local tax funds (e.g., EMS district)	<u>-</u>
County contracts (e.g. multi-county agencies)	<u>-</u>
Certification fees	<u>10,101</u>
Training program approval	<u>-</u>
Training program tuition/Average daily attendance funds (ADA)	<u>-</u>
Job Training Partnership ACT (JTPA) funds/other payments	<u>-</u>
Base hospital application fees	<u>-</u>

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Trauma center application fees	<u>-</u>
Trauma center designation fees	<u>-</u>
Pediatric facility approval fees	<u>-</u>
Pediatric facility designation fees	<u>-</u>
Other critical care center application fees	<u>-</u>
Type: _____	
Other critical care center designation fees	<u>-</u>
Type: _____	
Ambulance service/vehicle fees	<u>80,005</u>
Contributions	<u>-</u>
EMS Fund (SB 12/612)	<u>182,602</u>
Other grants: <u>PHEP, HPP &amp; Homeland Security</u>	<u>711,109</u>
Other fees: <u>Communications Fees</u>	<u>33,529</u>
Other (specify): <u>State PanFlu</u>	<u>74,883</u>
Other (specify): <u>MRC</u>	<u>4,308</u>
<b>TOTAL REVENUE</b>	<b><u>\$ 991,500</u></b>

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.*

*IF THEY DON'T, PLEASE EXPLAIN.*

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

**7. Fee structure**

☐ Merced County does not charge any fees

☒ Merced County's fee structure is:

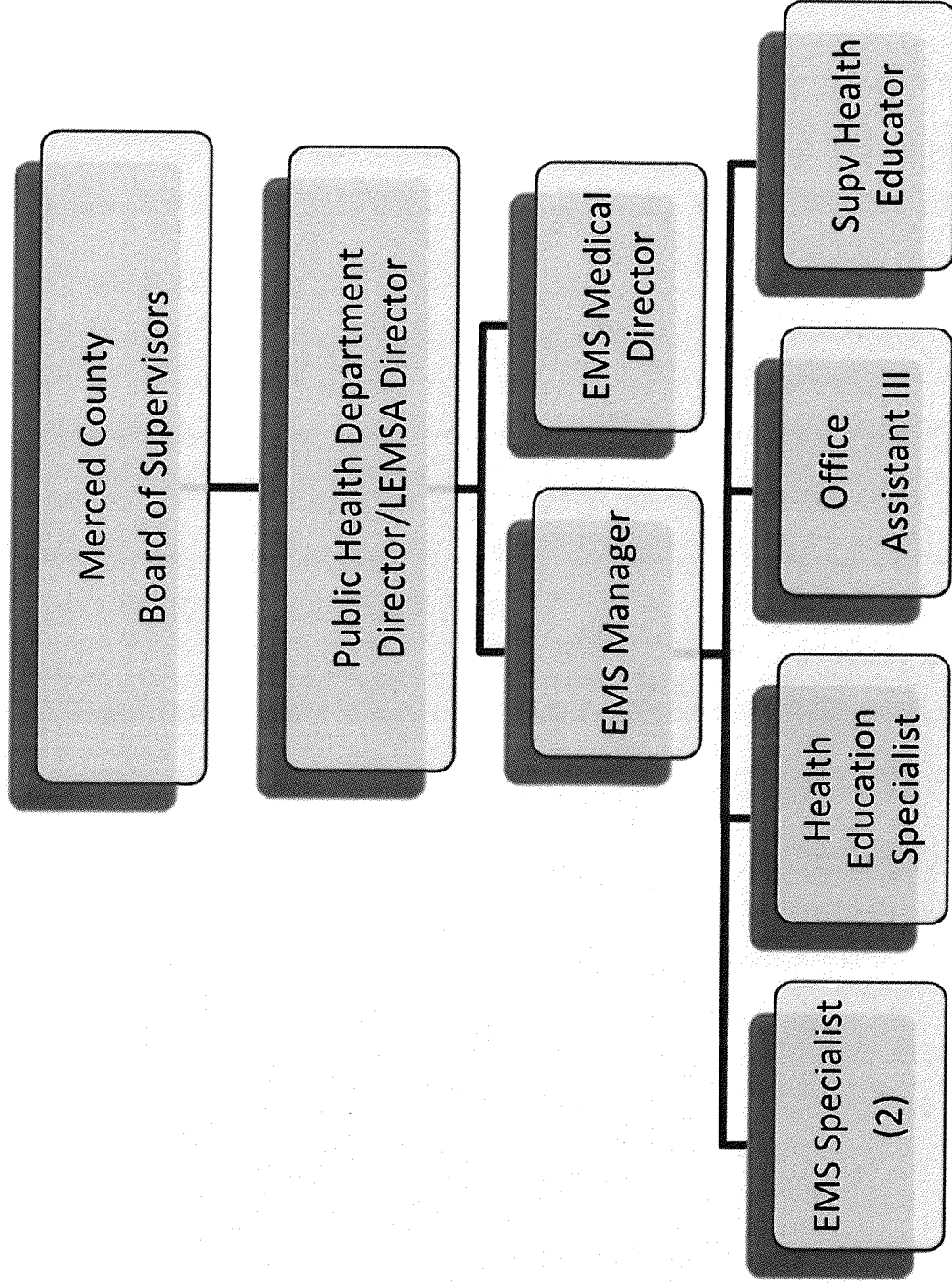
First responder certification	\$ <u>N/A</u>
EMS dispatcher certification	<u>50.</u>
EMT-I certification	<u>75.</u>
EMT-I recertification	<u>37.</u>
EMT-defibrillation certification	<u>N/A</u>
EMT-defibrillation recertification	<u>N/A</u>
AEMT certification	<u>N/A</u>
AEMT recertification	<u>N/A</u>
EMT-P accreditation	<u>100.</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<u>60.</u>
MICN/ARN recertification	<u>60.</u>
EMT-I training program approval	<u>N/A</u>
AEMT training program approval	<u>N/A</u>
EMT-P training program approval	<u>N/A</u>
MICN/ARN training program approval	<u>N/A</u>
Base hospital application	<u>N/A</u>
Base hospital designation	<u>N/A</u>
Trauma center application	<u>N/A</u>
Trauma center designation	<u>N/A</u>
Pediatric facility approval	<u>N/A</u>
Pediatric facility designation	<u>N/A</u>
Other critical care center application	
Type: <u>STEMI</u>	<u>N/A</u>
Ambulance service license	<b><u>Varies- *See Below:</u></b>
Ambulance vehicle permits	<u>N/A</u>
Other: <u>Convalescent Transport</u>	<u>100.</u>
Other: _____	_____

\*Ambulance License Fees are calculated using the County Cost System, based on staff time impact for the previous year. Typically, Ambulance License Fees run about \$120,000 per year for all licensed providers.

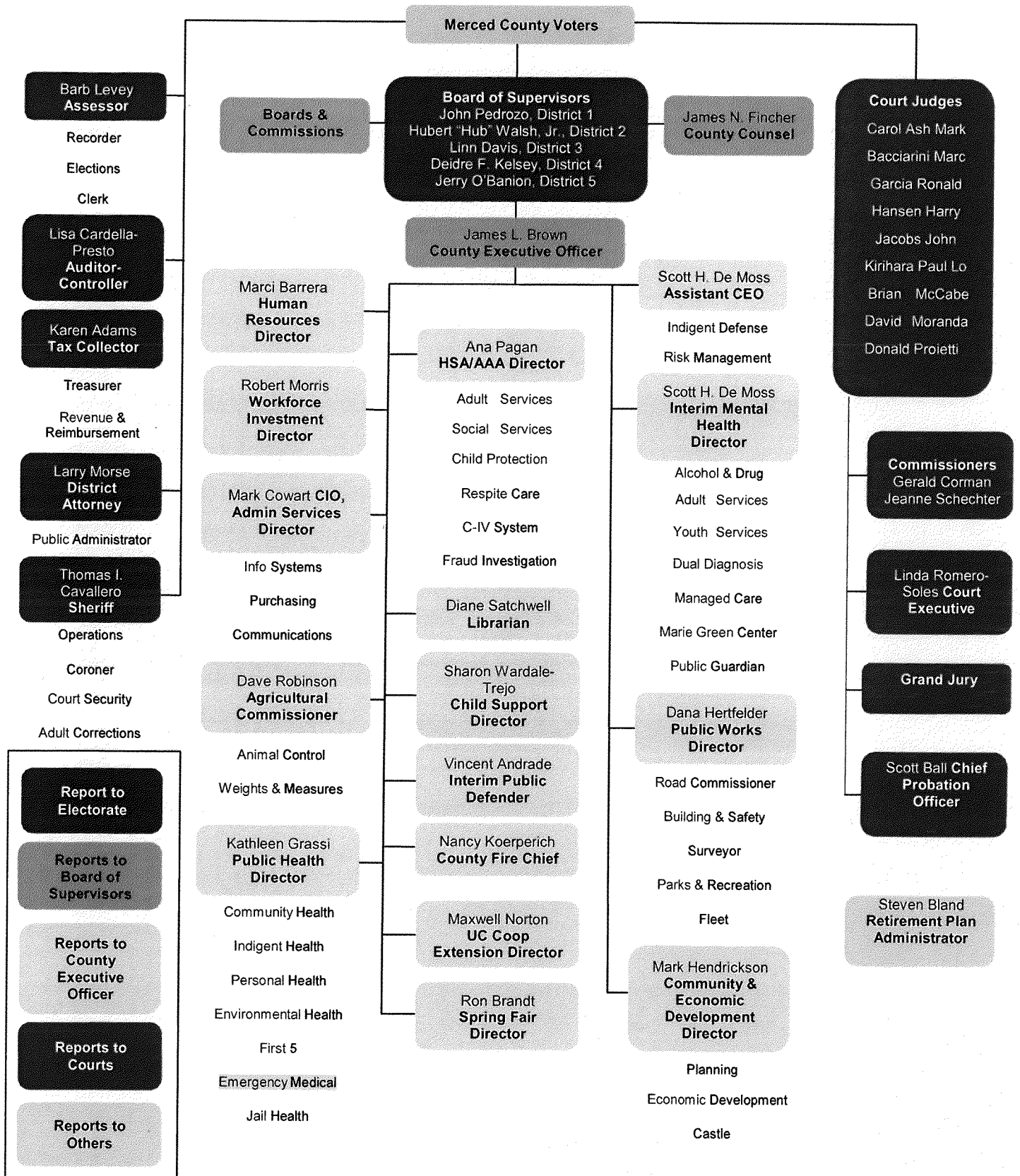
**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Manager	1.0	\$104.43	43%	
ALS Coord./Field Coord./Trng Coordinator					
Program Coordinator/Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	EMS Medical Director	Contracted – As Needed	\$187.50	0	\$45,000/year Contract Physician – Hourly rate based upon 20 hours/month
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator	Supervising Health Educator	1.0	\$63.38	47%	
Health Education Specialist	Health Education Specialist	1.0	\$26.51	45%	
Other Clerical	Office Assistant III	1.0	\$33.17	51%	
Data Entry Clerk					
Other	EMS Specialist	1.0	\$44.99	49%	

## Merced County EMS Agency Organizational Structure



# COUNTY ORGANIZATIONAL CHART



# TABLE 3: STAFFING/TRAINING

Reporting Year: 2015

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	238	0		43
Number newly certified this year	32	0		6
Number recertified this year	53	0		18
Total number of accredited personnel on July 1 of the reporting year	0	0	66	N/A
Number of certification reviews resulting in:				
a) formal investigations	1	0		1
b) probation	0	0	0	0
c) suspensions	0	0	0	0
d) revocations	0	0		0
e) denials	0	0		0
f) denials of renewal	0	0		0
g) no action taken	0	0	0	1

1. Early defibrillation:

- a) Number of EMT-I (defib) authorized to use AEDs  
b) Number of public safety (defib) certified (non-EMT-I)

238  
0

2. Do you have an EMR training program

☐ yes ☒ no

# TABLE 4: COMMUNICATIONS

**Note:** Table 4 is to be answered for each county.

County: \_\_\_\_\_Merced\_\_\_\_\_

Reporting Year: **2015**

1. Number of primary Public Service Answering Points (PSAP) 7
2. Number of secondary PSAPs 2
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of EMS dispatch agencies utilizing EMD guidelines 1
5. Number of designated dispatch centers for EMS Aircraft 1
6. Who is your primary dispatch agency for day-to-day emergencies?  
\_\_\_\_\_Merced County EMS Dispatch Center (Contracted to Sierra Medical Services Alliance as secondary PSAP for EMS)\_\_\_\_\_
7. Who is your primary dispatch agency for a disaster?  
\_\_\_\_\_Merced County EMS Dispatch Center (Contracted to Sierra Medical Services Alliance as secondary PSAP for EMS)\_\_\_\_\_
8. Do you have an operational area disaster communication system? ☒ Yes ☐ No
  - a. Radio primary frequency: \_\_\_\_\_814.46250\_\_\_\_\_
  - b. Other methods: \_\_\_\_\_Cell Phone, Email, Reverse Telephone Emergency Notification System\_\_\_\_\_
  - c. Can all medical response units communicate on the same disaster communications system? ☒ Yes ☐ No
  - d. Do you participate in the Operational Area Satellite Information System ☐ Yes ☒ No
  - e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services ☐ Yes ☒ No
    - 1) Within the operational area? ☐ Yes ☒ No
    - 2) Between operation area and the region and/or state? ☐ Yes ☒ No

Primary PSAPs: CHP Atwater, Dos Palos PD, Livingston PD, Los Banos PD/Fire, Merced County Sheriff, Merced City PD/Fire, UC Merced PD. Secondary PSAP: SEMSA HQ, CalFIRE Mariposa

## TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: **2015**

**Note:** Table 5 is to be reported by agency.

### Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 3

### SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)

Enter the response times in the appropriate boxes:

<u>Beginning January 1, 2015:</u>	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A	N/A	N/A	N/A
Early defibrillation responder	N/A	N/A	N/A	N/A
Advanced life support responder	≤10:59 ≤19:59 (P 1&2) (P 3)	≤19:59 ≤29:59 (P 1&2) (P 3)	As quickly as possible	N/A
Transport Ambulance	≤10:59 ≤19:59 (P 1&2) (P 3)	≤19:59 ≤29:59 (P 1&2) (P 3)	As quickly as possible	N/A

## TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: **2015**

**NOTE:** Table 6 is to be reported by agency.

### Trauma

Trauma patients:

- |  |               |
|--|---------------|
| 1. Number of patients meeting trauma triage criteria                                   | _____522_____ |
| 2. Number of major trauma victims transported directly to a trauma center by ambulance | _____107_____ |
| 3. Number of major trauma patients transferred to a trauma center                      | _____21_____  |
| 4. Number of patients meeting triage criteria who weren't treated at a trauma center   | _____UNK_____ |

### Emergency Departments

- |   |             |
|---|-------------|
| Total number of emergency departments         | _____2_____ |
| 1. Number of referral emergency services      | _____0_____ |
| 2. Number of standby emergency services       | _____0_____ |
| 3. Number of basic emergency services         | _____2_____ |
| 4. Number of comprehensive emergency services | _____0_____ |

### Receiving Hospitals

- |  |             |
|--|-------------|
| 1. Number of receiving hospitals with written agreements | _____1_____ |
| 2. Number of base hospitals with written agreements      | _____1_____ |

## TABLE 7: DISASTER MEDICAL

Reporting Year: **2015**

County: Merced

**NOTE:** Table 7 is to be answered for each county.

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Two Fairgrounds & two Hospital Campuses
  - b. How are they staffed? Existing Staff & Disaster Healthcare Volunteers
  - c. Do you have a supply system for supporting them for 72 hours? ☒ Yes ☐ No
2. CISD  
Do you have a CISD provider with 24 hour capability? ☒ Yes ☐ No
3. Medical Response Team
  - a. Do you have any team medical response capability? ☒ Yes ☐ No
  - b. For each team, are they incorporated into your local response plan? ☒ Yes ☐ No
  - c. Are they available for statewide response? ☒ Yes ☐ No
  - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? ☒ Yes ☐ No
  - b. At what HazMat level are they trained? First Responder Operations (FRO)
  - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
  - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

### OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 5
3. Have you tested your MCI Plan this year in a:
  - a. real event? ☒ Yes ☐ No
  - b. exercise? ☒ Yes ☐ No

**TABLE 7: DISASTER MEDICAL (cont.)**

4. List all counties with which you have a written medical mutual aid agreement:  
None
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☐ Yes ☒ No
7. Are you part of a multi-county EMS system for disaster response? ☐ Yes ☒ No
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report? Merced County Department of Public Health
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☒ N/A ☐ Yes ☐ No

**TABLE 8 (A): Response/Transportation/Providers - 2015**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Merced      **Provider:** Sierra Medical Services Alliance      **Response Zone:** Entire County (EOA)

**Address:** 100 Riggs Avenue      **Number of Ambulance Vehicles in Fleet:** 24  
 Merced, CA 95341

**Phone Number:** (209) 725-7000      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 14

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Law <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Other <input type="checkbox"/> Federal Explain: _____	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

28,742	Total number of responses	21,846	Total number of transports
21,372	Number of emergency responses	15,796	Number of emergency transports
7,370	Number of non-emergency responses	6,050	Number of non-emergency transports

**Air Ambulance Services**

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

**TABLE 8 (B): Response/Transportation/Providers - 2015**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Merced **Provider:** Westside Community Healthcare District **Response Zone:** Westside Community Healthcare District  
**Address:** 990 Tulare Street, Suite C  
 Newman, CA **Number of Ambulance Vehicles in Fleet:** 2  
**Phone Number:** (209) 862-2951 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

960	Total number of responses	648	Total number of transports
702	Number of emergency responses	473	Number of emergency transports
258	Number of non-emergency responses	175	Number of non-emergency transports

**Air Ambulance Services**

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

**TABLE 8 (C): Response/Transportation/Providers - 2015**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Merced      Provider: Air Methods/Mercy Air      Response Zone: Entire County

**Address:** 1670 Miro Way

Phone Number: (209) 614-5360

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

## Transporting Agencies

Total number of responses	_____
Number of emergency responses	_____
Number of non-emergency responses	_____
Total number of transports	_____
Number of emergency transports	_____
Number of non-emergency transports	_____

**Air Ambulance Services**

1,675	Total number of responses	570	Total number of transports
1,675	Number of emergency responses	303	Number of emergency transports
0	Number of non-emergency responses	267	Number of non-emergency transports (Interfacility Transfers)

# Table 8 (D): Resource Directory

Reporting Year: 2015

## Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Merced  
 Provider: CalFIRE/Merced County Fire Department  
 Response Zone: Unincorporated Areas of Merced County

Address: 3500 N. Apron Avenue  
 Atwater, CA 95301  
 Number of Ambulance Vehicles in Fleet: 0

Phone Number: (209) 385-7344  
 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A – Non Transport Agency

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No With CAL FIRE to provide staffing and equipment.	<b>Medical Director:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
		<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

## Merced County Fire Department (Non-Transport Provider)

### Transporting Agencies

7,343 Total number of responses  
 7,343 Number of emergency responses  
 0 Number of non-emergency responses

Total number of transports  
 Number of emergency transports  
 Number of non-emergency transports

CalFIRE/Merced County Fire Department for Unincorporated Merced County including Dos Palos, Winton/Delhi, Atwater, Livingston & Planada

# Table 8 (E): Resource Directory

Reporting Year: 2015

## Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Merced Provider: Merced City Fire Department Response Zone: Merced Zone 24 A-B

Address: 99 E. 16th Street Number of Ambulance Vehicles in Fleet: 0

Merced, CA 95341

Phone Number: (209) 827-7025 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
---	---	--	---

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: water district	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	---

## Merced City Fire Department (Non-Transport Provider)

### Transporting Agencies

5,167 Total number of responses  
 5,167 Number of emergency responses  
 0 Number of non-emergency responses

### Air Ambulance Services

Total number of responses  
 Number of emergency responses  
 Number of non-emergency responses

# Table 8 (F): Resource Directory

Reporting Year: 2015

## Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Merced Provider: Los Banos Fire Department Response Zone: Merced Zone 24 C-D

Address: 333 7th Street Number of Ambulance Vehicles in Fleet: 0

Los Banos, CA 93635

Phone

Number: (209) 827-7025

Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: N/A

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
---	---	--	---

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: water district	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	--	--	--	---

## Los Banos Fire Department (Non-Transport Provider)

### Transporting Agencies

1,499 Total number of responses  
 1,499 Number of emergency responses  
 0 Number of non-emergency responses

### Air Ambulance Services

Total number of responses  
 Number of emergency responses  
 Number of non-emergency responses

Table 8 (G): Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Merced      Provider: Gustine Fire Department      Response Zone: Merced Zone 24 C-D

Address: 352 Fifth Street      Number of Ambulance Vehicles in Fleet: 0  
 Gustine, CA 95322

Phone Number: (209) 854-6804      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: water district	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
		<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

Gustine Fire Department (Non-Transport Provider)

Transporting Agencies

209 Total number of responses  
 209 Number of emergency responses  
 0 Number of non-emergency responses

Total number of transports  
 Number of emergency transports  
 Number of non-emergency transports

Air Ambulance Services

Total number of responses  
 Number of emergency responses  
 Number of non-emergency responses

Total number of transports  
 Number of emergency transports  
 Number of non-emergency transports

**TABLE 9 (A): FACILITIES - 2015**

County: Merced

**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Mercy Medical Center Merced Telephone Number: (209) 564-5000  
 Address: 333 Mercy Ave.  
Merced, CA 95340

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	--	--

Pediatric Critical Care Center <sup>1</sup> EDAP <sup>2</sup> PICU <sup>3</sup>	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	--	---

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9 (B): FACILITIES - 2015**

County: Merced

**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Memorial Hospital Los Banos Telephone Number: (209) 826-0591  
 Address: 520 W. "I" Street  
Los Banos, CA 93635

<u><b>Written Contract:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u><b>Service:</b></u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u><b>Base Hospital:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u><b>Burn Center:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>		<u><b>Trauma Center:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u><b>If Trauma Center what level:</b></u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u><b>STEMI Center:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u><b>Stroke Center:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards  
 Merced County EMS Agency  
 2015 EMS Plan Annual Update

# TABLE 10: APPROVED TRAINING PROGRAMS

County: Merced

Reporting Year: 2015

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		Merced Community College		Telephone Number:	(209) 384-
Address:		3600 "M" Street		6130	
Student Eligibility*:		Open to the Public	**Program Level	EMT-1	
Cost of Program:		Basic: \$796.	Number of students completing training per year:		
Refresher: N/A		Refresher:	Initial training:	75	
			Refresher:	N/A	
			Continuing Education:	Yes	
			Expiration Date:	6/30/19	
			Number of courses:	One (1) course held twice per year.	
			Initial training:	2	
			Refresher:	N/A	
			Continuing Education:	Yes	

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:				Telephone Number:	
Address:					
Student Eligibility*:			**Program Level		
Cost of Program:		Basic:	Number of students completing training per year:		
Refresher:		Refresher:	Initial training:		
			Refresher:		
			Continuing Education:		
			Expiration Date:		
			Number of courses:	One (1) course held twice per year.	
			Initial training:		
			Refresher:		
			Continuing Education:		

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 11: DISPATCH AGENCY

County: Merced Reporting Year: 2015

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name:	Merced County EMS Communications Center	Primary Contact:	Kimberly Alford, Communications Manager
Address:	100 Riggs Avenue Merced, CA 95341		
Telephone Number:	(209) 725-7000		
Written Contract:	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Day-to-Day Disaster: <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<u>17</u> EMD Training <u>      </u> EMT-D <u>      </u> ALS BLS <u>      </u> LALS <u>      </u> Other <u>      </u>
Ownership:	<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: <u>                    </u>		

Name:		Primary Contact:	
Address:			
Telephone Number:			
Written Contract:	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	Day-to-Day Disaster: <input type="checkbox"/> Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input type="checkbox"/> No			<u>      </u> EMD Training <u>      </u> EMT-D <u>      </u> ALS BLS <u>      </u> LALS <u>      </u> Other <u>      </u>
Ownership:	<input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: <u>                    </u>		

Date: 2015

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> Merced County EMS Agency
<b>Area or Subarea (Zone) Name or Title:</b> Merced County
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Effective January 1, 2015: Sierra Medical Services Alliance (SEMSA) (Subcontractor) – Westside Community Healthcare District (WCHD))
<b>Area or Subarea (Zone) Geographic Description:</b> Incorporates all cities and townships in Merced County as well as all unincorporated areas. Located in Central California, Merced County is bordered by Santa Clara County to the Northwest, Stanislaus County to the North, Tuolumne and Mariposa Counties to the East, Madera and Fresno Counties to the South, and San Benito County to the West.
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action. Exclusive as of January 1, 2015
<b>Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response, 7-Digit Emergency Response, ALS Ambulance, All CCT Ambulance Services, BLS Non-Emergency and IFT.
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  On January 1, 2015, the Merced County Exclusive Operating Area for Ground Ambulance transportation services became effective. The selection of Sierra Medical Services Alliance (SEMSA) as Exclusive Operator was achieved by the Competitive Request for Bid (RFP) Process. Merced County remains on a 10-year RFP bid cycle where the Most Responsive Bidder to the RFP is selected by a panel of third-party non-interested EMS professionals. The RFP contract period of January 1, 2015 through December 31, 2019 is included as Appendix A. The sub-contract between SEMSA and WSCHD for the provision of ALS ground ambulance service is in Appendix B. A boundary map of the WSCHD is included as Attachment C.

Date: 2015

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:** **Merced County EMS Agency**  
Merced County EMS Agency.

**Area or subarea (Zone) Name or Title:** **Merced County**

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Air Methods Corporation serves the entirety of Merced County under an air ambulance operating agreement which was approved by the County Board of Supervisors' on September 20, 2016. The initial contract period will be for three (3) years. The contract may be extended by mutual agreement for up to t w o ( 2 ) additional two (2) year periods or a maximum of seven (7) years, based on superior performance, as determined solely by the County. Air Methods, Corp has provided air ambulance service to Merced County since April 2007.

**Area or subarea (Zone) Geographic Description:**

The Merced County Non-Exclusive Operating Area – Air Ambulance incorporates all cities and townships of Merced County as well as all unincorporated areas. Located in central California, Merced County is bordered by Santa Clara County to the northwest, Stanislaus County to the north, Tuolumne and Mariposa counties to the east, Madera and Fresno counties to the south, and San Benito County to the west.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Non-Exclusive ALS Air Ambulance.

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):** Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Non-Exclusive ALS Air Ambulance.

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Non-Exclusive ALS Air Ambulance.